DOCUMENT RESUME

ED 426 311 CG 028 566

AUTHOR	Goldin, Eugene, Ed.
TITLE	The Journal for the Professional Counselor, 1998.
INSTITUTION	New York Counseling Association, Inc., Albany.
ISSN	ISSN-1080-6385
PUB DATE	1998-00-00
NOTE	185p.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Journal for the Professional Counselor; v13 n1-2 1998
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	*Counseling Psychology; Counseling Techniques; Counselor Training; Counselors; Cultural Pluralism; Elementary Secondary Education; Intervention; *School Counseling; *School Counselors; Student Development; Youth Problems

ABSTRACT

An official refereed branch journal of the American Counseling Association, this journal covers current professional issues, theory, research, and innovative practices or programs in all branches of counseling. The 1998 volume comprises two issues. Articles in Number 1 include "The Triadic Consultation Analysis: School Counselors Promoting Educational Development" (R.D. Colbert); "Women with Physical Disabilities: How Perceptions of Attractiveness and Sexuality May Be Impacted" (P.A. Gordon, L.A. Benishek); "Cults, Youth, and Counselors" (A.L. Schadt); "Dual Career Lesbian Couples: The Forgotten Clients" (J.A. Kennedy, K.M. Evans); "Counseling Portfolio: An Authentic Assessment Model" (J.L. Osborne); "Future Directions in Systems Approaches: Chaos and Complexity Theory in Counseling" (G. Brack, C.J. Brack, J.A. Hill, E. Freilich); "Factors Influencing School Counselor Performance: Implications for Professional Development" (S.W. Ehly, R. Dustin). Articles in Number 2 include "Child Abuse Reporting: The Clinician's Dilemma" (M.C. Kenny); "New York State Mental Hygiene Regulation Changes: Impact Upon Counselor Status Enhancement" (R.L. Schnell); "Arguments Against the Counselor's Loss: Have You Cages a Raven?" (C.M. Milde, R.A. Humphrey); "Supervision: An Essential Multicultural Training Tool" (C.C. Holcomb-McCoy); "Indicators of Sexual Abuse: A School Based Perspective" (D.A. Creamer); "Counseling Students' Perspectives on Training in Diversity Issues" (L.J. Guth, J.M. Tyler, K. McDonnell, D. Lingle); "Ordinal Position and the Myers-Briggs Type Indicator" (T. Bordan, M.S. Demshock). (EMK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 426 311

The Journal for The Professional Counselor

Volume 13, Number 1 Spring 1998

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
A.S. McGowan
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Editor:
Eugene Goldin

BEST COPY AVAILABLE

The NYC Branch Journal of the American Counseling Association

CG028566

The Journal for the Professional Counselor (ISSN 1080-6385) is a biannual publication for professional counselors. It is an official, refereed branch journal of the American Counseling Association, published by the New York Counseling Association, Inc. and is indexed by ERIC/CASS.

Editor
Eugene Goldin
Assistant Professor
Department of Counseling
and Development
CW Post Campus
Long Island University
Brookville, New York 11548

Editorial Review Board

Marie A. Carrese *(1997-2000)*
Associate Professor/Student Development Counseling
York College
City University of New York
Jamaica, NY

Jean M. Casey *(1997-2000)*
Associate Professor
Counseling and Psychological Services Department
State University of New York
Oswego, New York

John D. Cerio *(1997-2000)*
Associate Professor of School Psychology
Alfred University
Alfred, New York

Marjorie S. Demshock *(1995-1998)*
Private Practice
East Northport and Bay Shore, New York

Kim C. Francis *(1997-2000)*
Director of Counseling
Department of Educational Services
City University of New York
Brooklyn, NY

Alphonse Gaudioso *(1995-1998)*
Rehabilitation Counselor
Helen Hayes Hospital
West Haverstraw, New York

Mitchell A. Levy *(1998-2001)*
Director of Student Development
Passaic County Community College
Patterson, New Jersey

Diane Massimo *(1997-2000)*
Coordinator of Guidance & Counseling
New Rochelle High School
New Rochelle, New York

Rose M. Pirillo *(1997-2000)*
School Counselor
Durgee Jr. High School
Baldwinsville, New York

Judith Ritterman *(1995-1998)*
Private Practice
Holbrook, New York

Alan Robertson *(1997-2000)*
NY Education Department-Retired
Delmar, New York

Armin L. Schadt *(1997-2000)*
Community Mental Health Counselor
Professor
Department of Curriculum & Instruction
Long Island University
Brookville, New York

Brett N. Steenbarger *(1997-2000)*
Assistant Professor, Dept. of Psychiatry & Behavioral Science/
Director, Student Counseling
SUNY Health Science Center
Syracuse, New York

Manuscripts: See Inside Back Cover for Guidelines for Authors and address for manuscript submission. Manuscripts are welcomed from students, practitioners and educators in the field of counseling.

Advertising: For information, contact NYCA Office (518) 235-2026. Advertising will be accepted for its value, interest, or professional application for NYCA members. The publication of any advertisement by NYCA is an endorsement neither of the advertiser nor of the products or services advertised. NYCA is not responsible for any claims made in an advertisement. Advertisers may not, without prior consent, incorporate in a subsequent advertisement the fact that a product or service has been advertised in a NYCA publication.

Subscriptions: Membership in the New York Counseling Association, Inc. includes a subscription to the *Journal*. Requests for additional copies of the *Journal* will be filled when available for $10.00 each. Send requests to New York Counseling Association, Inc., PO Box 12636, Albany, NY 12212-2636.

Permission: Permision must be requested in writing from the Editor for reproducing more than 500 words of the *Journal* material.

Cover Design and Graphics: Marian Kearney McGowan, Director of Admissions and Recruitment, New York Medical College, Graduate School of Health Sciences, Valhalla, NY

Spring 1998 *Volume 13, Number 1*

The Journal for the Professional Counselor

Contents

From the Editor

New York State Counselor Licensure: An Update
Eugene Goldin and Terry Bordan 3

Articles

The Triadic Consultation Analysis: School Counselors Promoting Educational Development
Robert D. Colbert 7

Women With Physical Disabilities: How Perceptions of Attractiveness and Sexuality May Be Impacted
Phyllis A. Gordon and Lois A. Benishek 19

Cults, Youth, and Counselors
Armin L. Schadt 31

Dual Career Lesbian Couples: The Forgotten Clients
Jelane A. Kennedy and Kathy M. Evans 41

Counseling Portfolio: An Authentic Assessment Model
Judith L. Osborne 53

Future Directions in Systems Approaches: Chaos and Complexity Theory in Counseling
Greg Brack, Catherine J. Brack, Joseph A. Hill and Elyse Freilich 59

Research

Factors Influencing School Counselor Performance: Implications for Professional Development
Stewart W. Ehly and Richard Dustin 71

Guidelines for Authors ..... inside back cover

“Whatever games are played with us, we must play no games with ourselves”

—Ralph Waldo Emerson

From the Editor
New York State Counselor Licensure: An Update

Eugene Goldin
Terry Bordan

With 44 states, the District of Columbia, and Guam having state licensure for professional counselors, can New York State be far behind? An omnibus bill including the professions of social work, psychology, school psychology, rehabilitation counseling, marriage and family therapy, professional counseling, creative arts therapy, and psychoanalysis is in the process of being drafted.

Counselor licensure has been found to positively impact professional identity, practice, development, and training (Bloom et al., 1990; Geisler, 1995). Licensure has also been observed to be protective of consumers (Davis, Witmer, & Navin, 1990; Fretz, & Mills, 1980). While counselor licensure efforts have traditionally been opposed by other professional groups (Brooks, & Gerstein, 1990; Cummings, 1990; Weikel, & Palmo, 1989), more recently Goldin (1997) found interprofessional cooperation in matters related to counselor licensure to be the "rule rather than the exception in a majority of jurisdictions" (p.205). At present, 44 states, the District of Columbia, and Guam regulate the profession of counseling (Pennsylvania Professional Counselors, 1998). New York State is not one of the aforementioned.

Currently, there is an omnibus bill being drafted by the lobbying firm of Carr Public Affairs, employed by the New York Counseling Association (Judith Ritterman, personal communication, March 13, 1998). Carr's mandate is to incorporate the professions of creative arts therapy, marital and family therapy, professional counseling, psychoanalysis, rehabilitation counseling, psychology, school psychology, and social work under an umbrella legislation that would regulate scope of practice. Representatives from these groups, at their last meeting, committed to moving forward in a united and strong manner.

It is anticipated that in April, 1998 round table discussions for all the involved professions will be held in Albany, New York. This event is jointly sponsored by the Higher Education committees of both legislative houses and the Speaker Sheldon Silver's office. Judith Ritterman, the president of the New York Mental Health Counselors' Association, will be in attendance.

Counselors in New York state can be confident that when the state congress and speaker's office are supportive of the profession of counseling, as appears to be the case, positive licensure movement is likely to follow. Additionally, State Senator Kenneth LaValle has stated his strong desire to seek a resolution to this longstanding matter of licensure. In order to expedite this process, Sheldon Silver, Speaker of the Assembly, has asked his staff to research the licensing of mental health professionals.

Counselors, the fourth largest group of mental health providers in the United States (Bordan & Ritterman, 1996), have been engaged in statewide licensure campaigns for three decades. Once the profession of counseling achieves licensure, the counseling process can be legally defined. Professional and legal definitions of the process of counseling vary.

At present, the American Counseling Association defines counseling as, "The application of mental health, psychological or human development principles through cognitive, affective, behavioral or systemic intervention strategies that address wellness, personal growth or career development, as well as pathology." (Throckmorton, 1998, p.2) According to the American School Counselors' Association (1997), "Counseling is a complex helping process in which the counselor establishes a trusting and confidential working relationship. The focus is on problem-solving, decision-making, and discovering personal meaning related to learning and development...." Somewhat different is the definition of mental health counseling as provided by the American Mental Health Counseling Association which states the following:

> Mental health counseling is the provision of professional counseling services involving the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families and groups, for the purpose of promoting optimal mental health, dealing with normal problems of living and treating psychopathology.
>
> The practice of mental health counseling includes, but is not limited to, diagnosis and treatment of mental and emotional disorders, psychoeducational techniques aimed at the prevention of mental and emotional disorders, consultation to individuals, couples, families, groups, organizations and communities and

clinical research into more effective psychotherapeutic techniques. (Throckmorton, 1998, p.2)

Throughout the country legal definitions of counseling also vary. For example, Arkansas' licensure law (1979) defines counseling as "assisting an individual or groups, through the counseling relationship, to develop understandings of personal problems to define goals, and to plan action reflecting his or her interests, abilities, aptitudes, and needs as these are related to personal-social concerns, educational progress, and occupations and careers. Additional counseling services include appraisal activities (not including projective techniques), consulting referral activities, and research activities." However, in Colorado where Licensed Professional Counselors are considered psychotherapists, the psychotherapy they practice includes, "the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning." (1992, p.2) Finally, in the state of Washington counseling is defined as "any therapeutic techniques ... to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential." (1995, p.1)

Counselors have worked diligently for many years to achieve counselor licensure in New York State. Those who are interested in contributing to the licensure effort are encouraged to contact Judy Ritterman at 1-800-4-NYMHCA.

References

American School Counselors' Association (1997). Role statement: The school counselor. *ASCA Website*. Available: AOL.

Arkansas (1979). Act 593, Sections 1-18. Magnolia, AR.

Bloom, J., Gerstein, L., Tarvydas, V., Conaster, J., Davis, E., Kater, D., Sherrard, P., & Esposito, R. (1990). Model legislation for licensed professional counselors. *Journal of Counseling and Development, 68*, 511-523.

Bordan, T., & Ritterman, J. (1996). New York state counselor licensure: An overview. *Journal for the Professional Counselor, 11*, 5-8.

Brooks, D.K., Jr., & Gerstein, L.H. (1990). Counselor credentialing and interprofessional collaboration. *Journal of Counseling and Development, 68*, 477-484.

Colorado (1992). As amended in 1995, Title 12, Article 43. Denver, CO.

Combings, N.C. (1990). The credentialing of professional psychologists and its implications for other mental health disciplines. *Journal of Counseling and Development, 68*, 485-490.

Davis, T., Witmer, J.M., & Navin, S. (1990). Assessing the impact of counselor licensure in Ohio as perceived by counselors, counselor educators, and legislators. *Counselor Education and Supervision, 30,* 37-47.

Fretz, B.R., & Mills, D.H. (1980). Professional certification in counseling psychology. *The Counseling Psychologist,* 9, 2-17.

Geisler, J.S. (1995). The impact of the passage of a counselor licensure law: One state's experience. *Journal of Mental Health Counseling, 17,* 188-198.

Goldin, E.C. (1997). Interprofessional cooperation concerning counselor licensure: A survey of American mental health counselor association branch presidents. *Journal of Mental Health Counseling, 19,* 199-205.

Pennsylvania professional counselors score major victory. (1998, Jan./Feb.). *The Advocate, 21,* 1.

Throckmorton, W. (1998, Jan./Feb.). From the president. *The Advocate, 21,* 2.

Washington (1995). Act 18.19.120 in RCW and Chapter 246-810 WAC Sections 1-4. Olympia, WA.

Weikel, W.J., & Palmo, A.J. (1989). The evolution and practice of mental health counseling. *Journal of Mental Health Counseling, 11,* 7-25.

Eugene Goldin is an assistant professor in the Department of Counseling and Development at CW Post/Long Island University and the editor of *The Journal for the Professional Counselor*. **Terry Bordan** is an associate professor in the Department of Counseling and Development at CW Post/Long Island University. The authors wish to acknowledge the assistance of Judith Ritterman, current president of the New York State Mental Health Counselors' Association. Correspondence regarding this article should be sent to Eugene Goldin, Ed.D. at the Department of Counseling and Development, CW Post/Long Island University, Brookville, New York 11548.

Special Note:

For the second time in five years, *The Journal for the Professional Counselor* has won a First Place Award for Best Journal from the American Counseling Association. The Editor wishes to extend his appreciation to the members of the *Journal for the Professional Counselor* Editorial Review Board and the leadership of the New York Counseling Association for their contributions and support.

The Triadic Consultation Analysis: School Counselors Promoting Educational Development

Robert D. Colbert

This paper presents a method for determining how factors from three separate areas might impact the consultation process. A discussion of this method illustrates how school counselors can gain quick access, organize, and process knowledge already in their possession as a basis for transitioning to consultation interventions.

Consultation is recognized as one component of a school counselor's comprehensive developmental guidance program (American School Counselor Association, 1990; Gysbers & Henderson, 1994; Myrick, 1987). School counselor training programs are being encouraged to impart competencies (Brown, 1985; Bundy & Poppen, 1986; Deck, 1992) needed to successfully apply consultation models (Bergan, 1977; Dinkmeyer, Carlson, & Dinkmeyer, 1994; Blake & Mouton, 1983; Brown, Wayne, Blackburn, & Powell, 1979; Caplan, 1970).

In a review of the literature, Dustin and Ehly, (1992) concluded that models of school counseling have been overburdened with "cubes, consulcubes, and metamodels." Relatedly, graduate students' interviews with practicing counselors strongly suggest that the complexity of most consultation models make it difficult to carry out procedures in a timely fashion. School counselors, unlike external consultants, do not have the "luxury" of spending lots of time gathering data for procedural and decision-making purposes for each individual situation. Moreover, decision-making, within a given dimension of a cubicle model (Blake & Mouton, 1983; Brown, et al.,1979) is not conducive to "seeing" the relatedness among important milieus associated with a given situation. This results in school counselors who take a unidimensional approach, consulting with either a student, a teacher, or a parent. Experts have

reported that such approaches to change generally are not very successful (Fuqua & Kurpius, 1993). There are any number of interactional factors and processes that operate in a systemic fashion to influence the educational process for all students (Coleman & Collinge, 1991). Thus, consultation ought to account for these processes.

Systems theorists postulate that any component of a system has influence on and is influenced by other components of that system (Bochner & Eisenberg, 1987; Minuchin, 1974). All processes and events should be considered within the context of the entire system and its reciprocal interactions within the environment (Katz & Kahn, 1978). A consultant utilizing a systems perspective would consider the interrelatedness of each component within the context of the total system. This suggests that, no matter what specific consultation model is used, school counselors should be able to analyze a wide range of possible interactional influences in any given situation. All consultation models have a data gathering or assessment phase. Collecting consultation data on potential influential factors in the schooling process often becomes an unwieldy task. School counselors need an efficient means for conducting their analyses in order to develop consultation interventions. The creation of a consultation data base can speed up the data gathering stage of the consultation process and allows for information to be available and tailored to whatever consultation model is utilized for intervention.

The purpose of this article is to outline a strategy that some school counselors have found useful in their efforts to determine how the student, teacher, and school system interact, thus, influence a potential consultation intervention. A discussion of this method will illustrate how school counselors can gain quick access, organize, and process knowledge (most of which is) already in their possession as a basis for implementing a consultation model or intervention. A case example is presented as a way to demonstrate the utility of the strategy.

The Triadic Consultation Analysis (TCA):

The Triadic Consultation Analysis provides direction for a school counselor attempting to establish a data base for consultation strategies (Kurpius & Rozecki, 1992). Using the TCA, a counselor would examine each factor, Student, Teacher, and School System and its relationship to other factors in the situation at hand, (see figure 1). The counselor would be interested in determining how the various components in the system might be related and their relevance to any given potential consultation situation.

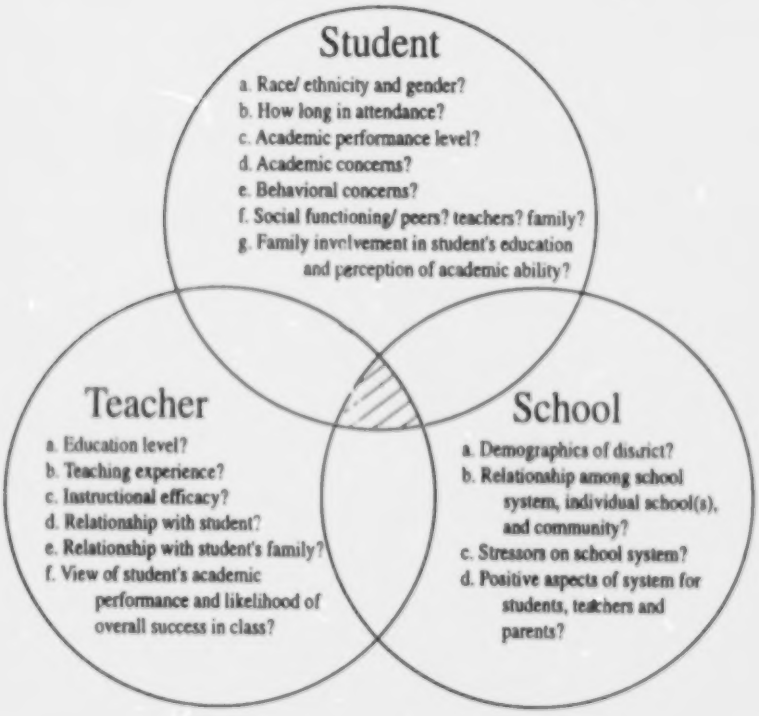
Student
a. Race/ ethnicity and gender?
b. How long in attendance?
c. Academic performance level?
d. Academic concerns?
e. Behavioral concerns?
f. Social functioning/ peers? teachers? family?
g. Family involvement in student's education and perception of academic ability?
Teacher
a. Education level?
b. Teaching experience?
c. Instructional efficacy?
d. Relationship with student?
e. Relationship with student's family?
f. View of student's academic performance and likelihood of overall success in class?
School
a. Demographics of district?
b. Relationship among school system, individual school(s), and community?
c. Stressors on school system?
d. Positive aspects of system for students, teachers and parents?

Figure 1. Factors to consider during the TRIADIC CONSULTATION ANALYSIS

It is important to consider information gleaned from the student, teacher, and school system in two ways. The first is to look at it in isolation, as information separate from the other areas, and secondly as information combined with that of the other two areas. Examining all of the elements in each area prepares a counselor to develop a consultation intervention from a solid, data based systems perspective. Once the counselor "conducts" the analysis, s/he can choose the consultation model(s) deemed appropriate for the situation at hand. A situation based on a real event will serve to illustrate the TCA process.

TCA Application: Case Example:

In this situation, an African-American student had recently moved to a new school that utilized a tracking method, with students divided into advanced, standard and basic classes. Initially, this student was placed in all advanced classes based on parental reports and recommendations from the student's previous teachers. Several weeks into the school year, during a casual conversation with the study hall teacher, the student mentioned that she had not covered certain material for a particular class the previous year. Upon hearing of the discrepancy in the student's knowledge base for her class, the teacher informed the student that she would have to be transferred to a different and standard level class. The teacher instructed the student to go to her counselor and have her make the necessary change in her schedule.

While schedule changing is not something school counselors are trained to do, they are however, called upon to engage in this type of role in most schools at the middle/junior high and high school levels. Thus, it is especially important that counselors be able to effectively assess day-to-day "routinized" schooling situations in order to determine whether their time and expertise is warranted. The student went to her counselor, visibly shaken and crying stated, "I'm not coming back to this school!" The counselor immediately attended to the student's emotional needs, followed by a more specific focus on what to do in terms of the teacher's request for a schedule change.

At first glance, a consultation role might appear inappropriate in this situation, because the teacher had already identified and formed a solution to the problem. The counselor could simply have worked from a unidimensional consultation approach and advised the student to go along with the necessary change in schedule and assisted with the procedural issues of transferring the student from one class to another. Likewise, she might have gone back to the teacher and stated that scheduling was not within her role and refused to get involved with changing the student into a different class. With information pertaining to the student, teacher, and the school system already in her possession, the counselor believed that a multidimensional approach might be the best approach so that the student's best interest would be the primary focal point in this situation. This pre consultation analysis was accomplished during the one hour meeting with the student.

Although most information was accessible to the counselor during her session with the student, there was, however, minimal information regarding the teacher that was obtained subsequent to the meeting with the student. The following is an account of how the school counselor conceptualized this situation within the framework of the TCA.

Analysis of TCA Areas:

Similar to individual counseling (Baker, 1992; Dustin & Ehly, 1992), the counselor proceeded with the notion that the problem stated by the teacher may not have been the "real problem". Information pertaining to the three areas for analysis that were already part of the counselor's knowledge base were utilized as follows: (a) the counselor thought about aspects of the three areas relative to the stated problem (see figure 1); (b) noted the themes that emerged from each area; (c) began developing hypotheses relative to the emergent themes; and (d) as the counselor moved from assessing factors in one area to all three, modified themes and hypotheses according to the insights gained from each new bit of information.

Student Factors:

First, the counselor considered factors associated with the student (see figure 1). The student in this situation was: (a) African-American and female; (b) new to the school; (c) performing at an A level in the class and most other advanced level classes, (d) lacking approximately six weeks of the prerequisite course work; (e) not a behavioral concern; (f) positively engaged with peers, family and teachers; and (g) had very involved parents, who saw their child as highly motivated, determined to succeed, and able to understand and retain new information very quickly. The primary theme that emerged was that, academically, this student was high functioning. The counselor hypothesized that since the student was succeeding in all advanced classes, it was likely she would be able to acquire the "deficient" material without making alterations to her class schedule.

Teacher Factors:

Next, in considering the teacher factors (see figure 1), the counselor found that this teacher: (a) had a Master's degree; (b) had two years of teaching experience; (c) did not feel a strong sense of instructional efficacy, a teacher's perceived expectancy of obtaining valued outcomes in classroom instruction through their personal efforts (Fuller, Wood, Rapoport & Dornbusch, 1982), with this particular student; (d) had a very good relationship with the student; (e) had no contact with this student's family, but was accustomed to positive relationships with parents; and (f) felt that the student was bright, but due to a deficiency in preparation for future class material, would not be able to keep up with the class. The most striking information for the counselor was that the teacher did not feel an adequate sense of efficacy with this student. The counselor hypothesized that some attention to the teacher's instructional efficacy might be necessary for a positive consultation outcome. The counse-

lor noted the other factors from the teacher area that could be utilized to assist in strengthening the teacher's sense of efficacy with this student. These included the fact that the teacher had a good relationship with the student, was accustomed to positive relationships with families, had a Master's degree, and felt that the student was very bright were all considered to be assets for addressing the teacher's efficacy.

School/District Factors:

The final area for the counselor's analysis was that of the school/district system (see figure 1). Factors pertaining to the school in this situation included: (a) a wide range of families differing in socioeconomic status and race/ethnicity in the district/school; (b) the district had enjoyed a very positive relationship with the general community; although that relationship was strained because of competing views for how all students should be educated; (c) debates regarding the school's admitted academic tracking which placed minority and economically disadvantaged students in basic and standard, compared to their middle class counter parts being place primarily in advanced level courses; and (d) in general, teachers, parents and students believed that the school climate was conducive to a high quality education experience. The primary theme the counselor noted in this area was that the greater school district was involved in adjusting to the major transitions of school reform and changing demographics. The counselor was interested in understanding effects of the larger systems' stress at the individual building level. Hypotheses developed pertaining to the other two areas helped the counselor gain a better understanding, as well as provided insights into a consultation intervention strategy.

Interrelationship of Factors:

Given that the district was under scrutiny in terms of curriculum content, instructional pedagogy, student placement for academic tracking, and the like, the counselor knew that many teachers including this teacher, felt as though their classroom instruction was being closely observed and criticized. The counselor believed that this scrutiny could lead to increased teacher stress, especially in cases where the teacher felt a sense of low instructional efficacy. This stress could result in reactant behavior. The counselor hypothesized that, in this case example, the teacher felt distressed upon becoming aware that this student had a course deficiency and, without fully thinking of the possible consequences for the student, made the transfer request.

The counselor, thinking of the student's needs, knew that, having recently relocated and being new to the school, the student was already experiencing

more than the "usual" level of stress. Conoly and Conoly assert (as cited in Deck, 1992), that school counselors must help others remain cognizant of student developmental needs and related stressors (Omizo, Omizo & Suzuki, 1988). Secondly, leaving the student's schedule intact would help the student maintain efforts already made toward fitting in with her new peer group. Finally, transferring the student to a lower class level would put the student in the position of having to explain to peers why her schedule had to be changed, posing a real threat to self-esteem, and would maintain the school's status quo of placing a disproportionate number of minority students into lower level courses. With these probable outcomes for the student's development, doubts raised about the district's ability to provide equitable education for all students, and the need to address the teachers' efficacy level with this student, the counselor decided to call a meeting of the teacher, student and parents.

Consultation Intervention:

The primary goal of the meeting was to have all parties agree to a plan that would meet the student's needs, while at the same time attending to the teacher's concern of deficient material (i.e., instructional efficacy). At the outset of the meeting, the school counselor provided a brief account of the circumstances followed by a statement of the goal. Each member present was asked to state their view about what should be done and why. The teacher began with how she enjoyed the student, but out of her concern for the student's well being, thought it best that she be placed in a lower level class. The student said that she felt she could keep up with the class work and that she would do all that she could to learn the new material. The parents stated their preference was to keep the student's schedule intact, mostly out of concern of not wanting the student to be faced with another change, since she was already in the middle of a major transition of coping with the move from one city and school to another. Also, the parents talked about discussing the issue with their daughter, and all had agreed that it was important for the student's higher education aspirations to remain in that particular class.

After a brief period of dialogue along this line, the counselor asked how people felt about the possibility of the student receiving tutoring while remaining in the class. The teacher voiced a concern about the quality of tutoring, insisting that it would need to be up to the standard of her classroom. The counselor asked the parents and student their opinion on the possibility of tutoring, and all stated that it sounded like a good solution to the problem. The parents agreed to obtain the services of an instructor at a local university, which satisfied the teacher's need for quality.

To follow up and ensure the plan occurred, the counselor checked with the student, parents, and teacher over the next few weeks. Within four weeks, the student had mastered the deficient material and continued making A's in the course. The teacher's sense of efficacy was enhanced. The counselor thanked the teacher for cooperation and periodically reinforced her abilities in teaching the student, and thanked the parents for carrying out their part. Finally, the counselor praised the student for working extra hard to meet her educational goals.

Discussion:

While school counselors might receive training in the various consultation models, research shows (Dustin & Ehly, 1992; Ridley & Mendoza, 1993) that once on the job, application of those models becomes challenging on a couple of accounts: (a) the complexity of most models create a time constraint for their usage; and (b) relevant and interactive factors associated with the schooling process are difficult to identify. The TCA strategy presented in this article is one way for school counselors to meet the challenges in applying consultation concepts in their practice.

Spending perhaps less time than it would have taken to transfer the student to another class, the counselor engaged in the TCA process, and became prepared to intervene for change on several levels (student, teacher, and school). By looking at the three areas for analysis, the counselor became aware that in this situation the teacher, the student and parents had legitimate concerns that needed to be attended to in order for a successful outcome to occur. The counselor also knew (hypothesized) that the larger school system was influencing the situation (academic tracking), and that while this needed to be considered, interventions to effect greater change within the school or system should be a secondary goal in this situation. These pre consultation hypotheses gave the counselor a clearer understanding of how to proceed from a consultation model(s).

Two of the most widely used consultation models, Behavioral (Bergan, 1977), and Adlerian (Bundy & Poppen, 1986; Dinkmeyer, Carlson, & Dinkmeyer, 1994), would not be applicable during the primary goals (student schedule remain intact, and enhanced teacher efficacy with student) formulated during the TCA process. As indicated in figure 1, this particular student functioned at a high level in all academic areas, and there were no behavior concerns. Therefore, the Behavioral approach which is more relevant for academic or discipline concerns would not be helpful in this case. The Adlerian model is basically for prevention, i.e., training and education for parents and teachers. At some point, the counselor might want to utilize the Adlerian approach in order to address what appears to be the practice of

inequity in the educational process. This would be become necessary if the counselor found that other teachers "react" to minority students as did the teacher in the case example presented.

The gathering with the student, parents, and teachers could be seen as utilizing a combined collaborative student-centered and collaborative consultee-centered model

(Brown et al., 1979). Recall, the primary goal from the counselor's perspective going into the consultation meeting was to come away with a strategy(s) that would address both teacher efficacy and student developmental/educational needs. Also, the target of intervention could not be fitted into a neat category. Indirectly, the counselor's actions were aimed at effecting change in the larger system (do away with inequities in academic tracking), directly, however, the targets were the teacher, the student and family. Even though, neither student nor the parents did anything "wrong", it was still important in terms of the student's needs that they cooperate with the counselor and teacher. Likewise, it was important that the teacher entertain other options besides transferring the student to a lower level class. Thus, the primary strategy utilized (small group) was meeting with the teacher, parents, and student, with the goal being that they all agree upon a strategy(s) that would effectively address the teacher and student needs.

Conclusion:

In the frenzied pace that school personnel often experience while trying to meet the needs of an increasingly diverse student population, educational decisions are not always in the best interest of students. Such decisions are often times made in the daily routinized occurrences in schools. On any given day a school counselor is called upon to intervene in common or routine situations. While some do not fit within the role and function of school counselor training, it is still important that counselors have an effective and efficient means for determining how best (if at all) to use their time. Moreover, it is these routine occurrences that many school counselors identify as making up a significant portion of their consultation interventions.

As shown in the case example presented in this article, had the counselor not taken the minimal amount of time to engage in the TCA process, the student might have been misplaced academically. Hence, the student could have become vulnerable to being at-risk academically. Counselors must always strive for ways to utilize their roles to best enhance student outcomes. The TCA method presented in this article is one way for school counselors to meet some of the challenges associated with implementing a consultation role, thus increasing the likelihood that student needs remain top priority.

References

American School Counselor Association. (1990). ASCA defines role of the school counselor, *The ASCA Counselor, 28,* 10, 23.

Baker, S.B. (1992). *School counseling for the twenty-first century.* New York: Merrill.

Blake, R.R. & Mouton, J.S. (1983). *Consultation: A handbook for individual and organization development.* Reading, MA: Addison-Wesley.

Bochner, A., & Eisenberg, E. (1987). Family process: System perspectives. In C. Berger & S. Chaffee (Eds.) *Handbook of Communication Science* (pp. 540-563). Newberry Park,CA: Sage.

Brown, D. (1985). The preservice training and supervision of consultants. *The Counseling Psychologist, 13,* 410-425.

Bundy, M.L. & Poppen, W.A. (1986). School counselors' effectiveness as consultants: A research review. *Elementary School Guidance & Counseling, 20,* 215-222.

Coleman, P. & Collinge, J. (1991). In the web: Internal and external influences affecting school improvement. *School Effectiveness and School Improvement, 2,* 262-285.

Deck, M.D. (1992). Training school counselors to be consultants. Elementary *School Guidance & Counseling, 26,* 221-229.

Dinkmeyer, D., Jr., Carlson, J., & Dinkmeyer, D., Sr. (1994). *Consultation: School mental health professionals as consultants.* Bristol, PA: Accelerated Development.

Dustin, D. & Ehly, S. (1992). School consultation in the 1990s. *Elementary School Guidance & Counseling, 26,* 165-176.

Fuller, B., Wood, K., Rapoport, T., & Dornbusch, S.M. (1982).The organizational context of individual efficacy. *Review of Educational Literature, 52,*7-30.

Fuqua, D.R.& Kurpius, D.J. (1993). Conceptual models in organizational consultation. *Journal of Counseling & Development, 71,* 607-618.

Gysbers, N.C. & Henderson, P. (1994). *Developing and managing your school guidance program.* (2nd ed.). Alexandria, VA: American Association for Counseling and Development.

Katz, D. & Kahn, R.L. (1978). *The Social Psychology of Organization.* New York:Wiley.

Kurpius, D.J. & Rozecki,T (1992). Outreach, advocacy, and consultation: A framework for prevention and intervention. *Elementary School Guidance & Counseling,26,* 176-190.

Minuchin, S. (1974). *Families and Family Therapy.* Cambridge, MA: Harvard University Press.

Myrick, R.D. (1987). *Developmental guidance and counseling: A practical approach.* Minneapolis,MN: Educational Media.

Omizo, M.M., Omizo, S.A., & Suzuki, L.A. (1988). Children and stress: An exploratory study of stressors and symptoms. *The School Counselor, 35,* 267-274.

Ridley, C.R. & Mendoza, D.W. (1993). Putting organizational effectiveness into practice: The preeminent consultation task. *Journal of Counseling & Development, 72,* 168-178.

Robert D. Colbert is an associate professor in the School Psychology and Counselor Education Program at the University of Massachusetts, Amherst. Correspondence regarding this article should be sent to Robert D. Colbert, Ph.D., 358 Hills South, School Psychology and Counselor Education Program, Department of Student Development and Pupil Personnel Services, School of Education, University of Massachusetts, Amherst, Amherst, Massachusetts, 01003-4150.

"Say not, I have found the truth, but rather, I have found a truth."

—Kahlil Gibran

21

Women with Physical Disabilities: How Perceptions of Attractiveness and Sexuality May Be Impacted

Phyllis A. Gordon, Ph.D.
Lois A. Benishek, Ph.D.

Having a physically disabling condition can negatively affect a woman's self-esteem, body image, and feelings of sexuality. This impact may be further exacerbated by the value Western culture places on the importance of physical attractiveness. This paper describes the difficulties women with physically disabling conditions may have in developing intimate romantic relationships. Counseling interventions designed to foster a more positive sense of self are discussed.

I've faced the challenges of cellulite, the errant gray hair, introductory crow's-feet, dry skin, and peeling fingernails with equanimity. But faced with the wicked-witch, pretty-robbing power of the wheelchair, it's hard not to feel that I may have met my match. (Willison, 1993, p. 79)

No one knows when women first began to feel pressured to present themselves in their most physically attractive light in order to obtain a suitable lifelong partner. In her review on "prettiness", Baker (1984) discusses how Neanderthal women painted their bodies with ocher and adorned themselves with shell jewelry to enhance their appearance. She further notes how Roman women spent an inordinant amount of time being primped by their slaves using a variety of fragrances for their bodies.

Western society has long emphasized the importance of physical appearance over other characteristics such as intelligence and productivity, in defining desirable women. As the beginning quotation attests, women frequently feel substantial strain to meet societal standards regarding physical appearance across a number of dimensions (e.g., weight, age, etc.). Conse-

quently, the pressure to be physically attractive may only be heightened for those women with a physical disability if their own self-perceptions, or perceptions of others, does not allow them to meet the idealized societal standards (Gill, 1996a; Rousso, 1981, 1996).

Although considerable attention has focused on the psychological adjustment of persons with disabilities, relatively little regard has been directed toward issues of sexuality (Marshak & Seligman, 1993; Vash, 1981). Boyle (1994) suggests that "the notion that people with disabilities are sexual and have sexual feelings, needs and drives is frequently denied or at best, ignored" (p. 6). Furthermore, limited literature has focused specifically on issues pertaining to the experience of women with disabilities as they attempt to either pursue more intimate relationships and/or meet life partners (Asch & Fine, 1988; Gill, 1996b; Rousso, 1996, Thurer, 1991). Therefore, the purpose of this article is to explore the problems facing women with physical disabilities regarding perceived attractiveness and social discrimination, as well as the manner in which these issues impact their roles as sexual persons. The authors contend that through understanding these concerns, counselors can better assist women with disabilities gain confidence and develop positive and fulfilling relationships.

Impact of Disability

Having a disability poses a profound emotional and physical challenge for many individuals. Disability frequently creates not only a major medical dilemma but may influence perceptions of attractiveness and self-esteem (Gordon & Benishek, 1996; Rousso, 1981). Persons with disabilities are often viewed as unable to have an intimate relationship (Vash, 1981). Childhood disability may limit social interactions and hinder thoughts of self as a sexual being (Rousso, 1996). An adult onset disability often compels individuals to struggle to define new roles pertaining to both social relationships and perceived attractiveness (Gordon & Feldman, in press; Vash, 1981).

Disability has been presumed to be such an overpowering characteristic that inferences concerning individual personality and abilities can be powerfully swayed in a negative and stigmatizing manner (Goffman, 1963; Wright, 1983; Yuker, 1988). Asch and Fine (1988) report that since disability is such a highly salient feature to persons without disabilities on which numerous inferences are based, it is often believed by them that it is also the most self-defining characteristic for persons with disabilities. Because of these types of misperceptions, numerous myths concerning persons with disabilities may exist. For example, persons without disabilities may assume that individuals with disabilities are not capable of performing the normal social roles of an adult (Asch, 1984). Additional examples are the frequently sweeping beliefs

that persons with disabilities are either unable to engage in sexual activities or lack sexual desire (DeLoach, 1994). Furthermore, Vash (1981) notes that for persons with disabilities, "... a sizable proportion of the field of potential lovers will classify you peremptorily as noneligible for courtship considerations because of the functional and/or aesthetic liabilities you present" (p. 75). Finally, Olkin and Howson (1994) suggest that not only is there a hierarchy of attitudes concerning specific disabling conditions (i.e., deafness is more acceptable than quadriplegia or cerebral palsy), attitudes or levels of acceptance worsen as the perceived level of intimacy increases (i.e, speaking acquaintance as opposed to a potential marriage partner).

There is concern that due to these negative views, individuals with disabling conditions themselves may also begin to believe they are incapable of an intimate relationship or marriage and "prematurely opt out of trying to attain them" (Marshak & Seligman, 1993, p.99). While these dubious social perceptions generally impact all persons with disabling conditions, it appears clear that women with disabling conditions are particularly stigmatized (Asch & Fine, 1988; DeLoach, 1994; Fowler, O'Rourke, Wadsworth, & Harper, 1992; Gill, 1996a; Vash, 1981).

Women with Disabilities

The recent research suggests that women with disabilities face complex problems which in some ways parallel general disability concerns but also differ substantially due to the additional experience of being women in our society (Danek, 1992). Their membership in two groups, the communities of women and persons with disabilities, has been most often referred to as double stigma (Lesh & Marshall, 1984). Hanna and Rogovsky (1992) note that there appears to be numerous sociocultural factors critical in hindering the acceptance of women with disabilities. Of primary importance, they suggest, are factors related to the interactive impact of gender and disability, nurturing roles and physical attractiveness. Nevertheless, as Thurer (1991) has noted, there is little empirical data available surrounding issues related to women with disabilities and sexuality. However, it appears that two explanations, societal views regarding both aesthetics and functional abilities, are problem areas (Gill, 1996b; Hanna & Rogovsky, 1992; Vash, 1981). Both appear to create substantial barriers and will be addressed in greater depth next.

Aesthetics. For centuries, men have placed great value on choosing life partners who are physically attractive. Contemporary social science research continues to find support for differences in mate selection. Numerous studies have suggested that men desire physical attractiveness in their potential partners (Feingold, 1990, 1991; Howard, Blumstein, & Schwartz, 1987; Sprecher, Sullivan, & Hatfield, 1994), whereas women seek relationships with men who

offer greater financial security (Sprecher et al., 1994) and personality characteristics such as sensitivity (Smith, Waldorf, & Trembath, 1990).

With rare exception (e.g., Gonzales & Meyers, 1993), these findings are replicated in studies that examine the qualities presented and requested in personal advertisements (Koestner & Wheeler, 1988; Smith et al., 1990; Willis & Carlson, 1993). In one study (Smith et al., 1990), men mentioned the importance of physical attractiveness more than twice as frequently as women. In turn, women requested "financial stability" three times more often than their male counterparts. Furthermore, the sexual stereotypes presented in these types of advertisements have increased to some extent over the past few years (Willis & Carlson, 1993). The exception regarding Gonzales and Meyers' (1993) research indicated that attractiveness was considered equally high for both males and females further denoting the importance of physical appearance as a criteria for romantic involvement. Their study also examined differences based on sexual orientation and suggested that lesbians were less likely to emphasize the importance of attractiveness in comparison to heterosexual women. Unfortunately, little empirical research concerning lesbians with disabilities separate from women with disabilities as a general population is available (O'Toole, 1996; O'Toole & Bregante, 1992).

This pattern of behavior, referred to as the Status/ Attractiveness Exchange phenomenon (Koestner & Wheeler, 1988), places women in a treacherous position. They experience great pressure to be physically attractive in order to attract and retain a suitable life partner. Persons who are perceived as physically attractive are assumed to be more interesting, exciting, successful and sexually attractive (Dion, Berschied, & Walster, 1972). In comparison to men, women tend to view their bodies in a more critical light (Franzoi & Herzog, 1987; Franzoi, Kessenich, & Sugrue, 1989) and to rate their own physical appearance as an important characteristic (Jackson, Sullivan, & Rostker, 1988).

Perhaps the most predominant belief suggested by the literature is that women with physical disabilities are asexual (Asch & Fine, 1988; Nordqvist, 1980; Nosek, 1996; Rousso, 1981). Views concerning aesthetics and body image which foster negative attitude formation (Livneh, 1982) appear critical for women with physical disabilities. Gill (1996b) discusses the difficulties women with visible disabilities experience in fitting into "traditional aesthetic gender stereotypes" of current society (p. 118). Discussing the importance of personal attractiveness on impressions as strangers first meet, DeLoach (1994) emphasizes that "unless one successfully passes the initial state of a relationship where external factors, such as appearance, are important," a satisfying relationship will not occur (p. 20). Gill (1996a) further illustrates the ramifications when she notes that while women in general often struggle with

the need to look good in order to attract a mate, "to be overlooked as defective, to be dismissed, thrown away from the start" is extremely destructive to the self-perceptions of women with physical disabilities (p. 6). Due to the rigorous standards of appearance shaped by the cosmetic and fashion industries, women who exhibit visibly disabling conditions may find opportunities for sexual companionship extremely scarce.

Clearly, the view a woman has regarding her body is crucial for the development of positive self-esteem. According to Rousso (1996), women with disabilities may not only feel unsure of their attractiveness, but will most likely have romantic experiences (i.e., first date, first kiss, etc.) at a later age in their lives than their nondisabled peers. Women with more hidden disabilities frequently also struggle with self-concept as the medical treatments for many chronic health conditions (e.g., lupus, multiple sclerosis) often require medications which lead to weight gain and altered body images (Gordon & Feldman, in press). To the extent that their bodies deviate from the traditional societal norms (e.g., paralysis, uncoordinated movements), women with visible disabilities may encounter difficulty in maintaining comfortableness with both their bodies and their own self-image (Perduta-Fulginiti, 1996; Rousso, 1981).

Functional Abilities. According to Buss (1995), women place great value on finding partners who have both resources (e.g., money, ambition) and who are willing to share these resources over an extended period of time (Buss, 1989; Buss, Abbott, Angleitner, Asherian, Biaggio, Blanco-Villasenor et al., 1990). Men, on the other hand, are more invested in finding partners with high reproductive value; a quality that is often associated with attractiveness and youthfulness (Buss, 1989).

Sociocultural theory offers an additional perspective to understand this phenomenon. Women's preference for financial and material qualities and men's preference for attractiveness is likely to be a result of sex-role socialization processes for both sexes. Women's long history of poorer economic opportunity may be another reason they tend to look for financially secure partners (Howard et al., 1987).

The experience of women with disabling conditions has been characterized as one of "rolelessness". Thus, they are often perceived as both passive and incapable of taking care of themselves, much less care for others (Asch & Fine, 1988). Furthermore, there appear to be fewer sanctioned roles for women with disabilities (Asch & Fine, 1988; Vash, 1981). This sense of "rolelessness" has some formidable consequences for women with disabilities. Within our culture, women are typically viewed as having the nurturing role. Perceived as needy and dependent, they are typically viewed as unable to be a sexual partner or a parent (Hanna & Rogovsky, 1992). According to Asch and Fine

(1988), women with disabling conditions are often believed to be helpless and not able to give love, warmth, or emotional sustenance. Additionally, although men with disabilities may exhibit some functional limitations, nevertheless, they are often viewed as more able to fulfill their role as provider. In contrast, women with disabilities are neither viewed as being economically productive nor able to provide more nutrient support (Asch & Fine, 1988; DeLoach, 1994).

Furthermore, studies concerning women with disabilities have suggested that while they may be selected to be a friend by men with and without disabilities, both groups of men often ignore them when pursuing romantic relationships (Gill, 1996b). Finally, Asch and Fine (1988) note that lesbians with disabilities describe similar experiences as heterosexual women with disabilities in regards to being shunned as a lover or designated to the role of "friend."

Implications for Professionals

Sexuality is a primary dimension of human experience as it is an integral part of who we are and how we perceive ourselves (Boyle, 1994). Everyone needs to feel desirable, attractive and valued. Unfortunately, when individuals begin to perceive that others are not comfortable with them, they not only feel this discomfort but may develop feelings of inferiority and lowered self-esteem (Wright, 1983). Lowered self-esteem affects one's acceptance of disability and may lead to submissive behaviors that, in essence, perpetuate the stereotypic view of women with disabilities as passive and needy. Thus, there are several factors professionals need to consider when working with women who have disabling conditions.

First, women with disabling conditions are often placed in a precarious position, not fitting neatly into either the women or disability perspective. As Danek (1992) suggests, the situation of individuals with disabilities parallels that of women in general in that they are often devalued and marginalized. In addition, while they have often been ignored in disability-related research, this trend is also present in feminist literature (Asch & Fine, 1988). Unfortunately too often, we see the type of thought noted by Asch and Fine (1988) in which they quote an academic who states, "Why study women with disabilities? They reinforce traditional stereotypes of women being dependent, passive and needy" (p.4). Both Quinn (1994) and Gill (1996a) confirm the belief that women with disabilities remain invisible and alone in the struggle to bring their issues to the forefront. Not only does there need to be more empirical research concerning issues critical to this population, professionals need to be supportive and active in recognizing the difficulties confronting women with disabilities.

Second, there is an important need for professionals to know that there are many women with disabilities who, despite the problems discussed in this paper, are parents, partners, and sexually involved (Gill, 1996b; Rousso, 1996). Similar to working with other diverse populations, counselors need to examine their own attitudes and/or biases about persons with disabilities regarding intimate relationships. They need to examine their own degree of comfortableness when discussing issues of sexuality with women, young or old, who have disabilities. Women with disabilities may have been acculturated to believe that sexual expression or romantic involvements are beyond their potential due to negative societal or parental messages (Rousso, 1996). Counselors can assist them in recognizing that they can be appreciated, loved, and full members of all aspects of society.

Third, women with disabling conditions are similar to all women who struggle to meet the societal expectations of beauty. As Gill (1996a) notes, many women with disabilities do appreciate themselves and are quite comfortable with their bodies. Rather than pathologizing women with disabilities, counselors can help them understand many of their limitations are socially based as well as recognize their similarity to all women. Furthermore, they may assist in breaking down gender-based stereotypes that are harmful to all women. Nosek (1996) describes a wellness perspective regarding sexuality and women with physical disabilities. Again, the emphasis is on promoting both positive self-esteem and sexual self-images. She notes the importance of family and friends in being supportive when confronting negative societal messages. Counselors can clearly be a part of that supportive process.

With keeping a supportive role in mind, counselors need to consider several factors when working with women with disabilities: (a) sexuality should be a topic discussed as it is central to the individual's emotional well-being; (b) relatively few physicians discuss sexuality with individuals with disabilities so women with disabilities may be relying on societal myths regarding their ability to be a sexual partner; (c) the interactive nature of gender and disability will have an impact on women in a significantly distinctive manner than that of men; (d) society's preoccupation with the appearance of women as a determinant to being a potential mate/partner may leave women who do not meet those requirements feeling inadequate and undesirable; and (e) the resultant negative self-view may hinder positive adjustment to the disabling condition. In addition, discussing issues of sexuality can enhance the adjustment process and help the individual recognize that a disabling condition does not preclude marriage, intimacy, or sexual enjoyment (Marshak & Seligman, 1993).

In order to promote full integration of women with disabilities into society, cultural stereotypes about the asexual woman with a disabling condition must be recognized and addressed by both medical and psychological professionals. Negative media representations of women with disabilities need to be confronted. Young women with disabilities should be provided education and materials regarding sexual issues and assistance in overcoming societal barriers for full integration in all aspects of life. As family support and parental expectations are instrumental in promoting social involvement of young women with disabilities (Rousso, 1996), counselors may need to assist family members in overcoming fears in this arena. No longer is it fair for counselors either to overlook the importance of these issues nor to continue to misinform these women about their potential to live lives as fully functioning, productive, and sexual beings.

References

Asch, A. (1984). The experience of disability. *American Psychologist*, 39, 529-536.

Asch, A., & Fine, M. (1988). Introduction: Beyond pedestals. In M. Fine and A. Asch (Eds.) *Women with disabilities: Essays in psychology, culture, and politics* (pp. 1-37). Philadelphia: Temple University Press.

Baker, N. C. (1984). *The beauty trap: Exploring woman's greatest obsession*. New York: Franklin Watts.

Boyle, P. S. (1994). Rehabilitation counselors as providers: The issue of sexuality. *Journal of Applied Rehabilitation Counseling*, 25, 6-9.

Buss, D. M. (1989). Sex differences in human mate preferences: Evolutionary hypotheses tested in 37 cultures. *Behavioral and Brain Sciences*, 12, 1-49.

Buss, D. M. (1995). Psychological sex differences: Origins through sexual selection. *American Psychologist*, 50, 164-168.

Buss, D. M., Abbott, M., Angleitner, A., Asherian, A., Biaggio, A., Blanco-Villasenor, A., Bruchon-Schweitzer, Ch'u, H., Czapinski, J., Deraad, B., Ekehammar, B., El Lohamy, N., Fioravanti, M., Georgas, J., Gjerde, P., Guttman, R., Hazan, F., Iwawaki, S., Janakiramaiah, N., Khosroshani, F., Kreitler, S., Lachenicht, L., Lee, M., Liik, K., Little, B., Mika, S., Moadel-Shahid, M., Moane, G., Montero, M., Mundy-Castle, A. C., Niit, T., Nsenduluka, E., Pienkowski, R., Pirttila-Backman, A., Ponce de Leon, J., Rousseau, J., Runko, M. A., Safir, M. P., Samuels, C., Sanitioso, R., Serpell, R., Smid, N., Spencer, C., Tadinac, M., Todorova, E. N., Troland, K., van den Brande, L., van Heck, G., van Langenhove L., & Yang, K. (1990). International preferences in selecting mates: A study of 37 cultures. *Journal of Cross Cultural Psychology*, 21, 5-47.

Danek, M. M. (1992). The status of women with disabilities revisited. *Journal of Applied Rehabilitation Counseling*, 23, 7-13.

DeLoach, C. P. (1994). Attitudes toward disability: Impact on sexual development and forging of intimate relationships. *Journal of Applied Rehabilitation Counseling*, 25, 18-25.

Dion, K., Berscheid, E., & Walster, E. (1972). What is beautiful is good. *Journal of Personality and Social Psychology*, 24, 285-290.

Feingold, A. (1990). Gender differences in effects of physical attractiveness on romantic attraction: A comparison across five research paradigms. *Journal of Personality and Social Psychology*, 59, 981-993.

Feingold, A. (1991). Sex differences in the effects of similarity and physical attractiveness on opposite-sex attraction. *Basic and Applied Social Psychology*, 12, 357-367.

Fowler, C., O'Rourke, B., Wadsworth, J., & Harper, D. (1992). Disability and feminism: Models for counselor exploration of personal values and beliefs. *Journal of Applied Rehabilitation Counseling*, 23, 14-19.

Franzoi, S. L., & Herzog, M. E. (1987). Judging physical attractiveness: What body aspects do we use? *Personality and Social Psychology Bulletin*, 13, 19-33.

Franzoi, S. L., Kessenich, J. J., & Sugrue, P. A. (1989). Gender differences in the experience of body awareness: An experiential sampling study. *Sex Roles*, 21, 499-515.

Gill, C. J. (1996a). Becoming visible: Personal health experiences of women with disabilities. In D. M. Krotoski, M. A. Nosek, and M. A. Turk (Eds.) *Women with physical disabilities: Achieving and maintaining health and well-being* (pp. 5-15). Baltimore, MD: Paul H. Brookes Publishing Co.

Gill, C. J. (1996b). Dating and relationship issues. In D. M. Krotoski, M.A. Nosek, and M. A. Turk (Eds.) *Women with physical disabilities: Achieving and maintaining health and well- being* (pp. 117-124). Baltimore, MD: Paul H. Brookes Publishing.

Goffman, E. (1963). *Stigma: Notes on management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

Gonzales, M. H., & Meyers, S. A. (1993). "Your mother would like me": Self-presentation in the personal ads of heterosexual and homosexual men and women. *Personality and Social Psychology Bulletin*, 19, 131-142.

Gordon, P. A., & Benishek, L. A. (1996). The experience of chronic illness: Issues of loss and adjustment. *Journal of Personal and Interpersonal Loss*, 1, 299-307.

Gordon, P. A., & Feldman, D. (in press). Living with chronic illness: Differing perspectives of younger and older women. *Journal of Personal and Interpersonal Loss*.

Hanna, W. J., & Rogovsky, E. (1992). On the situation of African-American women with physical disabilities. *Journal of Applied Rehabilitation Counseling*, 23, 39-45.

Howard, J. A., Blumstein, P., & Schwartz, P. (1987). Social or evolutionary theories? Some observations on preferences in human mate selection. *Journal of Personality and Social Psychology*, 53, 194-200.

Jackson, L. A., Sullivan, L., & Rostker, R. (1988). Gender, gender role, and body image. *Sex Roles*, 19, 429-433.

Koestner, R., & Wheeler, L. (1988). Self-presentation in personal advertisements: The influence of implicit notions of attraction and role expectations. *Journal of Social and Personal Relationships*, 5, 149-160.

Lesh, K., & Marshall, C. (1984). Rehabilitation: Focus on women with disabilities. *Journal of Applied Rehabilitation Counseling*, 15, 18-21.

Livneh, H. (1982). On the origins of negative attitudes toward people with disabilities. *Rehabilitation Literature*, 43 (11-12), 338-347.

Marshak, L.E. & Seligman, M. (1993). *Counseling persons with physical disabilities.* Austin, TX: Pro-Ed.

Nordqvist, I. (1980). Sexual counselling for disabled persons. *Sexuality and Disability*, 3, 193-198.

Nosek, M. A. (1996). Wellness among women with physical disabilities. In D. M. Krotoski, M. A. Nosek, and M. A. Turk (Eds.) *Women with physical disabilities: Achieving and maintaining health and well-being* (pp. 17-33). Baltimore, MD: Paul H. Brookes Publishing Co.

Olkin, R., & Howson, L. J. (1994). Attitudes toward and images of physical disability. *Social Behavior and Psychology*, 9, 81-96.

O'Toole, C. J. (1996). Disabled lesbians: Challenging monocultural constructs. In D. M. Krotoski, M. A. Nosek, & M. A. Turk (Eds.). *Women with physical disabilities: Achieving and maintaining health and well-being* (pp.135-151). Baltimore, MD: Paul H. Brookes Publishing Co.

O'Toole, C. J., & Bregante, J. L. (1992). Lesbians with disabilities. *Sexuality and Disability*, 10, 163-172.

Perduta-Fulginiti, P. S. (1996). Impact of bladder and bowel dysfunction on sexuality and self-esteem. In D. M. Krotoski, M. A. Nosek, & M. A. Turk (Eds.) *Women with physical disabilities: Achieving and maintaining health and well-being* (pp. 287-298). Baltimore, MD: Paul H. Brookes Publishing Co.

Quinn, P. (1994). America's disability policy: Another double standard? *Affilia*, 9, 45-59.

Rousso, H. (1981). Disabled people are sexual, too. *The Exceptional Parent*, 11, 21-25.

Rousso, H. (1996). Sexuality and a positive sense of self. In D. M. Krotoski, M. A. Nosek, & M. A. Turk (Eds.) *Women with physical disabilities: Achieving and maintaining health and well-being* (pp.109-116). Baltimore, MD: Paul H. Brookes Publishing Co.

Smith, J. E., Waldorf, V. A., & Trembath, D. L. (1990). "Single White male looking for thin, very attractive...". *Sex Roles*, 23, 675-685.

Sprecher, S., Sullivan, Q., & Hatfield, E. (1994). Mate selection preferences: Gender differences examined in a national sample. *Journal of Personality & Social Psychology*, 66, 1074-1080.

Thurer, S. L. (1991). Women and rehabilitation. In R. P. Marinelli and A. E. Dell Orto (Eds.) *The psychology and social impact of disability* (3rd ed.,pp.32-38). New York: Springer Publishing Co.

Vash, C.L. (1981). *The psychology of disability*. New York: Springer Publishing Company.

Willis, F.N., & Carlson, R.A. (1993). Singles ads: Gender, social class, and time. *Sex Roles*, 29, 387-404.

Willison, M.M. (1993, February). A second look. *Allure*, 72, 79.

Wright, B.A. (1983). *Physical disability: A psychosocial approach* (2nd ed.). New York: Harper & Row.

Yuker, H.E. (1988). The effects of contact on attitudes toward persons: Some empirical generalizations. In H.E. Yuker (Ed.) *Attitudes toward persons with disabilities* (pp. 262-274). New York: Springer Publishing Company.

Phyllis A. Gordon is an assistant professor in the Department of Counseling Psychology and Guidance Services at Ball State University. **Lois A. Benishek** is an assistant professor in the Department of Psychological Studies in Education at Temple University. Correspondence regarding this article should be sent to Phyllis A. Gordon, Ph.D., Department of Counseling Services, Ball State University, Muncie, IN 47306.

"I am not what I do, I do what I am."

—Miles Davis

Cults, Youth, and Counselors: An Overview

Armin L. Schadt

In view of the recent public exposure of the cult phenomenon known as Heaven's Gate and the various considerable estimates concerning the number of extant cultic groups, the writer proposes that the most meaningful response is through educational means. Accordingly, the essay identifies a preventative role for counselors in the school setting, and a predominantly rehabilitative function for mental health professionals in the larger community. In addressing the impact of cults in our society and in an effort to encourage an educational approach to the amelioration of the problem, the writer seeks to remedy the danger of cults in the development of an awareness and understanding about the manner in which such groups succeed in recruiting and exploiting their members through a variety of techniques involving thought-reform.

As the publicity over the events concerning the demise of the Heaven's Gate collective at Rancho Santa Fe fades from the headlines of newspapers and its coverage in other media formats, the helping professions are left with the amelioration of its consequences. Beyond sensationalism and curiosity-seeking there remains the need for public closure and, more importantly, for an understanding about the nature of "cults". This task requires more than the explanations of the moment which are so often only generated to appease the appetite of the curious.

Such a process of clarification rests fundamentally within the domain of our schools' educational role. The need for such an awareness concerning the functioning of cults and a recognition of their common goals continues to provide counselors and educators with challenge and opportunity. The prupose of this article is to review the characteristics of cults and to examine the processes which maintain them, in order to propose some directions by means of which counselors can contribute to an educational response.

Types of Cults and Their Numbers

The objectives common to the various types of groups referred to as cults involve cognitive reorganization in the recruit at the outset and manipulative exploitation of cult members thereafter. Cults are usually characterized by deceptive recruitment practices, coercive persuasion processes, and varying degrees of control by the group over the daily lives of its members. Estimates as to the number of cult groups in this country have been placed at 3,000 to 5,000, the activities of which have involved approximately twenty million persons over the last twenty years (Singer, 1995). By the mid-1980's, the Cult Awareness Network (CAN) identified 2,000 groups about which inquiries to the organization had been made (Langone, 1993). Other, more recent estimates point to the existence of an on-line cult phenomenon, where over 10,000 cult web sites now occupy the internet in cyberspace.

Despite differing belief systems ranging from political groups to religious collectives, the central features of cults are represented by the qualities of the leader, the relationship between the leader and his or her disciples, and the systematic processes employed to promote group cohesion. More recently, public attention has focused upon cults which represent personality development programs, New Age alternatives, and doomsday ventures. Their variety notwithstanding, cults have largely remained an enigma, due primarily to the isolation, secrecy, and control which characterize their existences.

Recruitment Strategies and the Issue of Vulnerability

The cult's success in securing new members is achieved in recognizing and exploiting the vulnerability of prospective recruits, the intensity of which is particularly evident during transitional periods in a person's life. Web sites on the internet now provide such recruitment strategies with international and global opportunities. Typically, such vulnerability is intensified by a sense of loss, the origins of which may be the termination of a relationship, one's leaving home, or financial and career disruptions. Goldberg (1993) has proposed that, "Those who entered cultic groups in late adolescence should be helped to see the degree to which their involvement parallels the developmental process. In adolescence there is a push for separation" (p. 24). An important contrast emerges when such separation, in the context of the family, is seen as an integral part of the process of individuation; the cultic relationship, on the other hand, exploits this separation to the detriment of personal growth in a subservience to the group's values, needs, and control. In her work with former cult members, Singer (1995) found states of depression and transitions in personal affiliation to have heightened the vulnerability to recruitment tactics and to have contributed to the person's diminished capacity for rational choice.

Some Definitions of the Term "Cult"

Inasmuch as the orientations and belief systems differ among the groups referred to broadly as "cults", so do the synonyms with which they are defined. As psycho-spiritual methodologies, cults develop in the convert a profound psychic dependency upon the group and its leader. In order to emphasize the process-dimension and the interactive strategies of cult activity, Singer (1995) prefers the term "cultic relationships". In references to psychiatrist Robert Lifton's studies on "thought reform", Singer also uses the term "totalistic environment". In describing the conversion to a cult's beliefs as the abdication of self-responsibility, Michael Scott Cain (1983) has referred to the process as "psychic surrender".

Based on his own extensive research on cult groups and the work of Ofshe and Singer (1986), Langone has offered the following as a definition:

> "A cult is a group or movement that, to a significant degree, (a) exhibits great or excessive devotion or dedication to some person, idea, or thing, (b) uses a thought-reform program to persuade, control, and socialize members..., (c) systematically induces states of psychological dependency in members, (d) exploits members to advance the leadership's goals, and (e) causes psychological harm to members, their families, and the community" (Langone, 1993, p. 5).

Consistent with such definitions then, it is important to examine cults in light of their purposes and goals, their interactive strategies, and their consequences upon members.

Indoctrination vis-a-vis Exploitative Persuasion

Adaptation by the person to the cult environment is accomplished through a process of conversion which results in a pseudo-personality as the consequence of systematic coercive persuasion. Earlier research by Lifton (1961) on "thought-reform" and by Hunter (1951) on "brain-washing", as well as later references to "mind-control" (Hassan, 1988), invite a distinction between the processes of indoctrination and of exploitative persuasion. While both are essentially coercive, involuntary alterations of an individual's belief system, the former recognizes the perpetrator as an aggressor while the latter represents a psycho-technology in which the cult member's identity is fused with the leader's authority. Within the cult environment it is the dogmatic nature of the leader's authority and power, through which such psychic dependency is developed and sustained. For Jim Jones, Bhagwan Shree Rajneesh, or Marshall Herff Applewhite, the pseudo-personality of the cult's member embodies the submission and obedience which his authority demands. The leader's need for omnipotence is thus mirrored in the subservience of his or her subjects.

Since numerous contemporary cultic groups purport to provide an alternative to human existence or a redefinition of the human condition, they marginalize the idealism of youth and alienate the young from traditional rites of passage. Fromm (1955) had connected the process of alienation with idolatry and described a condition in which "man does not experience himself as the active bearer of his own powers and richness, but as an impoverished 'thing', dependent on powers outside of himself, unto whom he has projected his living substance" (p. 114). Furthermore, as an alienated self, the cult member

> "...has projected all his richness into the other person, and experiences this richness not any more as something which is his, but as something alien from himself, deposited in somebody else, with which he can get in touch only by submission to, or submergence in, the other person". (Fromm, 1955, p.113)

Fromm's characterization links the behavior of idolatry with the veneration of the cult's leader who embodies the ideals, aspirations, and values of the disciple in an alienated form.

Cultic Methodology and the Structure of Cults

Of importance to counselors, therefore, is an understanding of one's vulnerability to cultic influences and the conditions under which cults have successfully advanced their manipulative and exploitative practices. In their influential work on the techniques used by cults in the conversion of recruits to the groups' objectives, Conway and Siegelman (1978) had referred to such personality change as "snapping".

The appeal of cults appears to lie in their capacity to respond to the events connected with developmental issues in prospective members. In the transition from adolescence to young adulthood, the following attributes constitute a search which, in moments of vulnerability, culminates in a cult's successful recruitment: (a) the challenge of spiritual fulfillment in the reorganization of one's religious beliefs; (b) the need for a sense of connectedness in the search for belonging; (c) the separation and departure from prior models of authority in the quest for a sense of order and a meaningful routine; (d) the search for the individual's identity, its formation and recognition of purpose in a redefinition of personhood; (e) the avoidance of alienation in a search for "answers" and solutions to moments of personal crisis. Based on the potential combination of such factors at particular junctures in our lives, any one of us has thus experienced a degree of vulnerability to the influence of cultic methodology. The extent of such vulnerability, involving more recently our population of senior citizens, has been documented by the AARP in its

publication, *Modern Maturity*. Retired persons have been targeted by cultic groups in view of their financial assets and the transition in their lives frequently brought about by a necessary relocation. (Collins & Frantz, 1994).

In an issue of its *Bulletin*, the National Association of Secondary School Principals (1990) examined the characteristics of cults in an article by Marcia Rudin, the director of the International Cult Education Program in New York. Rudin identified a series of ten characteristics usually shared by such groups, despite ideological differences among them.

The attributes frequently shared by cults include the following: (1) submission by members to an authoritarian leader; (2) the use of deception in the process of recruitment; (3) a psychological weakening of the group's followers; (4) a separation of the cult from the outside world; (5) life decisions cease to be choices made by cult members; (6) the activities of followers enhance the wealth of the cultic group; (7) relationships with a member's family of origin are severed; (8) members are manipulated by the leader's skillful use of fear; (9) training in the use of weapons is frequently a characteristic shared by cults; and (10) cultic groups claim to possess a truth which negates the laws and mores of the society at large. (Rudin, 1990, p.48). In depriving members of information access and in separating them from their past, cult leaders weaken their disciples psychologically in the systematic destruction of other support systems such as families and friends. Additionally, Rudin suggests that the wealth which is accumulated by cult leaders, primarily requires followers to participate in exhausting fund-raising programs by working for arduous hours with minimal, or without pay in cult-owned and operated businesses.

The systematic manipulation of the follower is designed to diminish behaviors associated with individuality and to reinforce a behavioral repertoire conducive to an identification with the group. Singer (1995) describes the methodology of thought-reform as a process which is structured to (1) destabilize the member's self-concept; (2) to succeed in alterating the convert's life history and experiences in accepting a new representation of reality and causality; (3) to foster in the cult devotee a dependence on the group so as to emerge as an exponent of the cult.

Other contributing factors to the cult's mastery over the person are dietary demands which frequently involve low-protein meals, and periodic schedules for the consumption of excessive amounts of sugar to manage levels of energy. Physiological changes are frequently induced by a lack of rest and ritualistic programs of chanting, movement, or by digestive-tract cleansing, all of which serve as further examples of a cult's invasive methodology.

Singer's (1995) extensive research has identified the following six conditions in the cultic environment which facilitate the process of coercive

persuasion: (1) deception, (2) control, (3) powerlessness, (4) suppression of previous behaviors and attitudes, (5) inculcation of group behaviors, and (6) promotion of a closed world-view. Similarly, the eight themes described by Lifton (1961) as preconditions for thought-reform encompass (1) milieu control (isolation from one's social network), (2) loading the language (cult jargon), (3) demand for purity (us versus them), (4) confession (guilt), (5) mystical manipulation (group-think), (6) doctrine over person (submission to authority), (7) sacred science (the unassailability of the leader's dogma), and (8) dispensing of existence (self-imposed superiority).

In the more publicized and well-known doomsday cults, these conditions and themes are manifested in extreme proportions. The common denominator which connects contemporary doomsday cults, is that despite celestial metaphors like "Heaven's Gate", and declarations for the faithful in the "People's Temple", such collectives negate the singular nature of an individual's spirituality. Rather, commitment becomes bondage, and the visionary is reduced to a cosmic blindness. The doomsday cult's disciple emerges as a modern-day Faustian representation whose idol offers nothing more than a Mephistophelian wager, wherein glimpses of ultimate reality are seen in the images of Jonestown or Rancho Santa Fe.

Implications for Counseling

The twofold role of counselors in the matter of cults involves the professional in either a preventative or a rehabilitative strategy. The first is primarily a task of disseminating information, whereas the second is largely one of therapeutic intervention. The former provides for the counselor a proactive educational and instructional role designed to promote an awareness of what cults are and an understanding as to how they function.

The purpose of the latter role is primarily that of facilitating the returning ex-cult member's successful transition to life in society. The former cultist's re-entry into the mainstream of social interaction is frequently accomplished through what has been described as de-programming and exit-counseling. Since the variety of cults engages in the cultivation of a state of mindlessness, the challenge for counselors is primarily that of enabling the client to think on his or her own, and to renew the means through which the capacity for analysis, reflection, and choice, are re-established and reinforced.

Sustained exposure to the cult environment has often left former members with a sense of confusion, loneliness, and anxiety which emerge as presenting problems in a remediation through counseling. According to Goldberg (1993), cultic groups in which the violation of a person's boundaries is customary, leave their ex-members with a condition indicative of "post-traumatic stress

syndrome...including flashbacks, nightmares, amnesia, phobias, anxiety, depression, emotional numbing, shame, guilt, self-loathing, and social withdrawal". Among the issues to be addressed by counselors in their work with post-cult clients, Martin (1993) has identified such areas as independent critical thinking, assertiveness training, family relationships, sexuality, and re-socialization. Another residual effect of the cult experience to be ameliorated is diminished cognitive capacities (such as memory) and its attendant sense of disorientation.

Goldberg has advocated that counselors employ a psycho-educational approach with former cult members which provides the client with

> "information about the cult's manipulative techniques to explain how this has influenced post-cult behaviors, emotional reactions, and beliefs, while at the same time creating a safe environment for the expression of memories and spontaneous reactions" (Goldberg, 1993, p. 249).

In the school-related setting, counseling will predominantly serve the aforementioned preventative function, where individual and group approaches can provide opportunities to develop a sense of awareness and understanding. Toward this end, the counselor can assist in instituting informational workshops for staff, students, parent groups, and for community agencies. By networking with professionals on an inter-district basis, counselors in the school environment can and indeed should become identified as the community's proactive resource on the cult phenomenon. This writer's research has identified considerable confusion and lack of clarity as to the manner in which cultic groups are perceived to differ from established religious organizations. Furthermore, the cult phenomenon has not been regarded as significantly different from the varieties of religious experience. Such ambiguity concerning the role and function of cults continues to provide challenge as well as opportunity for counselors in promoting an increased level of awareness. To formulate an educational response to the potential hazard represented by cultic groups, Marcia Rudin has suggested that:

> "Schools should hold preventive cult-education programs for staff members and students. They should sponsor programs that will help school staff and parents to recognize danger signs. These programs can be held in conjunction with school guards, local law enforcement personnel, clergy, and mental health professionals" (Rudin, 1990, p. 51).

The creation of such proposed programs is facilitated by the services available through the American Family Foundation (AFF) in the United States and the Cult Information Centre (CIC) in Great Britain, the addresses of which

40

are listed in the attached appendix. Both organizations maintain electronic access to their websites in the effort to expand the dissemination of information pertaining to cults.

Conclusion

In summtary, the thrust of this article has been to suggest that informed dialogue can serve as a deliberate response to the problem posed by cultic groups. Counselors, in both the school and in community mental health settings, can initiate such dialogue to promote a more heightened level of awareness and to formulate alternatives to cult involvement. The success of cults, it has been argued elsewhere, is derived to a significant extent from the absence of consensus and cooperation between home, school, and community.

The pervasive presence of cults in our society appears to represent a fundamental paradox. While they abundantly enjoy the protection of constitutional guarantees and exist within the context of the principles of American civil liberty, cults ultimately constitute the very antithesis of the American character and the norms of its tradition.

Appendix

American Family Foundation
P. O. Box 2265
Bonita Springs, FL 34133
Telephone (941) 514-3081
http://www.csj.org

Cult Information Centre
BCM Cults
London, WC 1N 3XX, England
Telephone (01689) 833800
http://www.infoman.demon.co.uk/cicmain.html

References

Bardin, Esq., David J. (1994) *Psychological Coercion and Human Rights* [Brochure]. Bonita Springs, FL: American Family Foundation.

Cain, M.S. (1983). Psychic Surrender: America's Creeping Paralysis. *The Humanist, 32,* 5-11.

Collins, C. & Frantz, D. (1994). MM Report: Let us prey. *Modern Maturity, 37,* 22- 32.

Conway, F., & Siegelman, J. (1978). *Snapping : America's epidemic of sudden personality change.* Philadelphia, PA: Lippincott.

Elshtain, J.B. (1997). The Hard Questions: Heaven Can Wait. The difference between cultists and Christians. *The New Republic, 216,* 23.

Fromm, E. (1955). *The Sane Society.* Greenwich, CT: Fawcett Publications, Inc.

Goldberg, L. (1993). Guidelines for Therapists. In Langone, M.D. (Ed.). *Recovery From Cults: Help For Victims of Psychological and Spiritual Abuse.* (pp. 232-250). New York, NY: W.W. Norton & Company

Gordon, J.S. (1988). *The Golden Guru: The Strange Journey of Bhagwan Shree Rajneesh.* Lexington, MA: The Stephen Greene Press

Hall, John R. (1989). *Gone From The Promised Land: Jonestown in American Cultural History.* New Brunswick, NJ: Transaction Publishers

Hassan, S. (1988). *Combatting cult mind control.* Rochester, VT: Park Street Press

Hunter, E. (1951). *Brainwashing in Red China.* New York, NY: Vanguard.

Lacayo, R. (1997, April 7). The Lure of the Cult. *Time, 149,* 45-46.

Langone, M.D. (1993). Introduction. In Langone, M.D. (Ed.). *Recovery From Cults: Help for Victims of Psychological and Spiritual Abuse* (pp. 1-21). New York, NY: W.W. Norton & Company.

Martin, P.R. (1993). Post-Cult Recovery: Assessment and Rehabilitation. In Langone, M.D. (Ed.). *Recovery From Cults: Help for Victims of Psychological and Spiritual Abuse* (pp. 203-231). New York, NY: W.W. Norton & Company.

Ofshe, R., & Singer, M.T. (1986). Attacks on peripheral versus central elements of self and the impact of thought reforming techniques. *Cultic Studies Journal,* 3, 3- 24.

Rudin, M.R. (1990). Cults and Satanism: Threats to Teens. *NASSP Bulletin,* 74, 46-52.

Singer, M.T. with Lalich, J. (1995). *Cults In Our Midst: The hidden menace in our everyday lives.* San Francisco, CA: Jossey-Bass Publishers.

Wallis, R. (1977). *The Road to Total Freedom: A Sociological Analysis of Scientology.* New York, NY: Columbia University Press.

Armin L. Schadt is a professor in the Department of Curriculum and Instruction at CW Post/Long Island University. Correspondence regarding this article should be sent to Armin L. Schadt, Ph.D., Department of Curriculum and Instruction, Long Island University, C.W. Post Campus, Brookville, New York 11548.

“And the trouble is, if you don't risk anything, you risk even more.”

—Erica Jong

43

Dual Career Lesbian Couples: The Forgotten Clients

Jelane A. Kenedy
Kathy M. Evans

This article addresses the issue of lesbian dual career couples. Since the career literature on lesbian couples is limited, relevant information on heterosexual dual career couples and lesbian relationships is included. The limited literature that is available indicates that there are career issues that are common to all couples, but that lesbian couples have some specific issues which are overlooked by career counseling research. In conclusion, the article gives information regarding the implications for counseling lesbian dual career couples as well as potential areas for research.

Introduction

In recent years, career counselors have been encouraged to embrace the notion of life planning and to view the client as a person with a family life, personal life, and career. The literature has reflected the shift from pure career planning to life planning for adolescents, college students, adults and retirees—but not for gay and lesbian clients. The lifestyles of gays and lesbians have often been considered solitary or involving fleeting relationships. There has been little mention of the problems concerning dual career lesbian couples.

A dual career couple may be defined as one in which partners are committed to one another and their careers. Each member of the partnership is engaged in work that requires advanced education, high commitment and provides opportunities for advancement. The literature on dual career couples has reached such a level that several books have been dedicated to the topic (Gilbert, 1993; Stoltz-Loike, 1992). In reviewing the literature, however, little information is available that addresses the needs of couples who are not

heterosexual and engaged in the traditional male/female committed relationship. In fact, most studies are centered around gender-role expectations of a male-female relationship and may not be relevant to lesbians.

There is a dearth of information regarding lesbians and their work, but a few studies are beginning to appear in the literature (Griffin, 1992; Hall, 1986; Schachar & Gilbert, 1983; Woods & Harbeck, 1992) at the same time there is no published empirical research about dual career lesbian couples and the issues they face. In fact, the literature on working women, written by women, generally overlooks the involvement of lesbians in the workforce and excludes a discussion of dual career lesbian couples. In fairness to researchers, it may be difficult to investigate work issues of the lesbian population because many women feel that they would put their careers in jeopardy if their employers discovered their sexual orientation (Schneider, 1987). This fear may color many career and personal decisions these women make. Homosexuality has always been something to hide throughout the history of American society. The fact that there has been recent mention of lesbians in the career literature may be due to, among other factors, the effectiveness of the gay and lesbian community in raising public awareness of its oppression and the push for a more pluralistic society in the academic community.

The groundswell of working women over the last 25 years has brought their issues to the forefront of American life. Some of these issues are important to all women, including lesbians (e.g., pay equity, sexual harassment, glass ceiling). However, there are some issues that are uniquely important to lesbian couples (e.g., homophobia, lack of spousal benefits). The presence of large numbers of women in the workforce, however, has been helpful to lesbians in addressing these issues. The most apparent evidence is in the growth of women working in non-traditional (male-dominated) careers. In fact, so many women have entered previously male-dominated career areas (management, psychology, computer science) that these fields can now be conceived of as being androgynous. The numbers of women are still increasing in other male-dominated careers such as law (24 %), medicine (20 %), and engineering (9 %) (U. S. Census, 1992). It is difficult to determine the representation of lesbians in these careers, but it might be fair to guess that they exceed their percentage in the general population (10 %) because (a) they tend to challenge gender role stereotypes (a factor which has been found to be important in the choice of non-traditional careers), (b) some lesbian communities place higher value on non-traditional jobs, and (c) male-dominated careers pay more than female-dominated careers even when the woman makes only a fraction of a man's salary in that same job (Garnets & Kimmel, 1991).

Because lesbians typically expect to provide for themselves rather than rely on an income from a male spouse, they are usually self-supporting. In fact, in

a 1981 study, Brooks found that only 4% of her sample of lesbians were supported by a partner. According to Moses (1978) and Blumstein and Schwartz (1983), over 90% of the lesbians they studied were employed. Work is particularly important in the lives of lesbians even when they have partners, and the likelihood that they will be firmly committed to their work is very high. Research has indicated that it is not uncommon for lesbians to have relationships that last 20 years or more (Raphael & Robinson, 1980). Therefore, lesbians have coped with dual career issues long before they became problematic for a large number of heterosexual couples. Are there unique issues for dual career lesbian families because of the couple's sexual orientation? Are there solutions to dual career problems for heterosexual couples that might be relevant to the lesbian dual career couple? While the existing literature does not answer these questions directly, pooling the knowledge that exists on lesbians at work, lesbian couples, and heterosexual dual career couples may provide some insight. The career counselor needs to know the answers to these questions when she or he works with lesbian clients. The purpose of this article is to present this knowledge and supply guidelines for providing career counseling to lesbian dual career clients.

Dual Career Heterosexual Couples

Previous research on dual career couples has focused on sex-role expectations, conflicts and personality factors in men and women (Kater, 1985; Parker, Peltier, & Wolleat, 1981). However, the literature over the last ten years has been notable for its lack of empirical studies on the issues of dual career couples. The studies that do exist focus on marital satisfaction (Houser, Konstam, & Ham 1990; Maples, 1981; Steil & Turetsky 1987; Steil & Weltman, 1991; Thomas, Albrecht, & White, 1984) and job/career satisfaction with regard to being part of a dual career couple (Bird & Russell, 1986). The remaining literature addressing the issues of dual career couples is primarily theoretical in nature (O'Neil, Fishman & Kinsella-Shaw, 1987; Paddock & Schwartz, 1986; Serlen, 1989; Wilcox-Matthew & Minor, 1989).

There have been some interesting findings about dual career heterosexual couples which may be applicable to the dual career lesbian couple. For example, in one study, 15 out of the 25 couples completing the questionnaires were chosen to be interviewed (Maples, 1981). The purpose of the study was to discover the elements for a successful dual career marriage. Maples found five common elements within successful dual career relationships: flexibility, mobility, independence/interdependence, common interests, and self-actualization. The first common element, flexibility, is defined as the ability to reach compromise within the relationship. Mobility refers to the ability of each partner to move when her/his partner has new job possibilities. Inde-

pendence and interdependence focus on the dynamics of the relationship. Common interests refer to partners having shared interests that bring them together, usually during leisure time. Finally, each partner's ability to support and encourage the other's career defines the self-actualization element. Since these elements are not particularly gender role specific, they may be relevant for dual career lesbian couples as well.

Thomas, Albrecht, and White (1984) asked 34 dual career couples to complete The Personal Assessment of Intimacy in Relationships (PAIR) Inventory and The Career/Marital Stress of Women Inventory (CMSWI). They discovered that women, in what were labeled high quality relationships, had predominantly modest career ambitions as opposed to the men whose careers were seen as preeminent. The authors concluded that issues affecting marital quality included patterns of career development and level of coordination with each partner, and how the women felt about their careers and spouses' career, the intimacy of the relationship, and their perceptions of the marriage and work. Those partners who seemed to have a strong sense of lifestyle satisfaction and positive interaction within the couple had a better quality of marriage than those who did not. The issues affecting long term relationship quality are probably the same for lesbian dual career couples. However, one partner may not see the other's career as being preeminent, thus creating an area of possible conflict. For example, each partner's career as well as her commitment to the partnership must be thoroughly examined when the lesbian dual career couple is relocating.

Houser, Konstam, and Ham (1990) found non-productive coping strategies such as escape-avoidance, distancing and confrontation interfered with communication between partners. They also found that those same coping strategies lowered dyadic satisfaction in dual career couples. The findings also suggest that they may be applicable to any committed couple, including lesbian couples. Good communication skills for all committed couples would seem to enhance the relationship.

O'Neil, Fishman and Kinsella-Shaw (1987) provided an extensive model for the assessment of issues faced by dual career couples and many of the concerns described in the model may be similar for lesbian couples. The authors' model identifies the areas of adult development, vocational development, gender-role development, family and marital development. They further suggest 23 career transitions (e.g., serious conflicts with supervisor, colleague, or work setting, job transfer or relocation, lost career dream or goal, retirement) with possible areas of conflict (O'Neil, et al., 1987). Of course, when events change and development occurs, there is a potential for conflict. The 23 transitions are possibilities for lesbians as they proceed along their career paths and may also be descriptive of their partnerships. Although the

issues may be similar, the implications for lesbian couples may be quite different. For example, serious conflicts with supervisors or colleagues might be due to the woman's sexual orientation. If there are other causes for conflict, the "closeted" woman may fear that her sexual orientation may be discovered and revealed. Relocation can be a problem when the partner also needs to find work. In a "closeted" relationship, the partner is not included in employment negotiations. Even in an "out" relationship, the employer's prejudice may preclude the offer of spousal assistance. Retirement becomes a special problem when one partner dies and the other is denied benefits because she is not a recognized spouse. Lay-off or unemployment can cause extra financial stress to the lesbian couple because of the unavailability, in most cases, of insurance for the lesbian couple. O'Neil, Fishman and Kinsella-Shaw (1987) also suggest 33 normative themes. Some examples of these themes are career salience, colleagueship, competition, procreation, time management, and aging. Again, these heterosexual relationship themes probably have similarity for the lesbian couple as well. However, the potential secret nature of the lesbian relationship adds stressors not inherent in the typical heterosexual relationship. The next apparent step with this model would be to operationalize it for use as a counseling tool, and then to conduct empirical investigation of the model to see how it would apply to lesbian dual career couples.

Dual Career Issues for Lesbians

The literature on lesbian couples focuses on the relationship and educates the counselor in either an anecdotal or theoretical format (e.g., McCandlish, 1982; Roth, 1985; Sophie, 1982; Winkelpleck & Westfeld, 1982). The anecdotal articles attempt to show the themes that have presented themselves in the clinical setting: discrimination, prejudice, isolation, defining the couple relationship, dealing with families, differing stages of coming out, distance and boundaries, etc.

The theoretical approaches discuss the study of women's socialization to understand the dynamics of a love relationship between two women. The issue of career has seldom been addressed.

Empirical studies are limited in number and have typically fallen into the areas of relationship models and quality of the relationships (Eldridge & Gilbert, 1990; Peplau, Padesky & Hamilton, 1982; Schneider, 1986). Eldridge & Gilbert (1990) studied relationship satisfaction among lesbians and found seven variables that correlated to satisfaction: emotional intimacy, life satisfaction, personal autonomy, intellectual intimacy, recreational intimacy, power and self-esteem. Peplau, Padesky & Hamilton (1982) also studied satisfaction in lesbian relationships. They found that satisfaction was related to equality in the relationship and partner similarity, whereas dissatisfaction was linked

to imbalances in power within the relationship. Schneider (1986) studied cohabiting lesbian and heterosexual couples. She found that heterosexual couples had been living together longer and had more legal documentation of their partnership than lesbian couples. Also, lesbian partnerships had more equality in the division of household labor than heterosexual couples. This research, other than Eldridge & Gilbert (1990) has not indicated whether the couples are dual career or dual-worker in their orientation. Clunis and Green (1988) stated that "...it is usually a financial necessity for both partners in a lesbian couple to work. In addition, the majority of lesbians believe that both women in a couple should work" (p. 55).

Hetherington and Orzek (1989) discussed career counseling and life planning for lesbians and offered practical suggestions based on theories of women's socialization. They also reviewed Sophie's (1985/1986) lesbian identity model and discussed the effects of negative stereotypes. They briefly mentioned dual career couple concerns as a part of the lesbian lifestyle, indicating that dual career lesbian couples face many of the same issues as heterosexual dual career couples (e.g., interpersonal communication, few models to guide lifestyle management, negative society views) with the added stressors around whether or not to come out in their places of employment. "...Lesbian couples have numerous issues besides career choice including (a) how to present the relationship (b) how to introduce one's partner, (c) how to openly acknowledge the relationship, if at all and, (d) how to deal with social events." (Hethington & Orzek, 1989, p.54)

Morgan and Brown (1993) offer one of the most comprehensive reviews of lesbians and work. They review employment patterns, financial considerations and personality variables affecting career choices, along with exploring the effects of homophobia and oppression in lesbians lives. They end their chapter with some guidelines for career counseling with lesbian clients. The authors suggest that counselors work to change their own homophobic and heterosexist biases, attend to the potential influences of lesbian relationships on career choices, be aware of how the client's degree of "outness" may affect her decision making, and avoid stereotyping career choice.

While attending a recent national conference, one of the authors posed the question to her lesbian colleagues concerning the issues they were facing in their dual career relationships. The following themes were discussed: isolation-lack of role models, dealing with families if one or both partners were not out to their family, differing stages of coming out, financial considerations, finding a safe environment that is lesbian friendly and where both could find employment, job placement assistance for a partner, one partner is restless and one is not, domestic partnership benefits, children—orienting new providers to two mommies, etc.. As this list indicates, some of the themes are

similar for heterosexual dual career couples but other themes are unique to lesbian dual career couples.

The following is a case study composite of a dual career lesbian couple, the names are pseudonyms. Sarah and Jamie are both professional women who have been together five years in a committed relationship. Sarah recently completed her terminal degree and has decided that she needs to move in a new direction with her career. After much discussion, the couple has decided to move together with Jamie waiting to seek employment once they are settled. Sarah has decided not to be out in her job search since she works in a traditionally male field. Since both of their families know about their relationship, their moving together to a new state is not an issue. But as Sarah and Jamie begin to think about this move, one of the issues that concerns them is finding a new city that is gay friendly, and that has domestic partnership rights for gays and lesbians. This is important to them because they do not want to be denied buying a house or renting. The company Sarah is considering for employment has a good relocation package that includes employment assistance for spouses. Jamie, though, will not be able to use those benefits because Sarah is not out and the benefits are only for heterosexual couples, something they both lament because the job market is so tight. As this case indicates, the issues for dual career lesbian couples do have some similarity to heterosexual couples but there are differences, too.

Summary and Implications

The previous discussion illustrates that the factors affecting dual career lesbian couple are the same, yet different, from heterosexual dual career couples. Issues that are the same (elements of a successful relationship, coordination between partners, coping strategies and career development) are different when issues of gender roles, discrimination, secrecy and intolerance are factored in. The pervasive negative attitudes toward homosexuality in American society make lesbian relationships difficult and limit the career choices of lesbians.

As a whole, the counseling profession has separated issues dealing with relationships into the field of family therapy and the issues of career to career counseling. Only recently has there been a shift in career counseling to be more inclusive of life/family issues. In an age when more women are working outside the home and gender role expectations are changing, it is believed that separating these issues is doing a disservice to the client. No longer can the issues of family/relationship and career be seen as separate issues. It is important to look at both the effects of career on the individual and the couple along with relationship issues affecting the couple. This is the case for heterosexual, lesbian and gay male couples. Counselors need to be knowl-

edgeable of the special needs of lesbian couples who are both committed to careers, each other and their lesbian-based family (e.g., children, adoption, child care, financial concerns, guardianship, etc.). Understanding these needs will assist the counselor in facilitating problem-solving for lesbian couples.

Counselors need to continue to challenge their views on homosexuality, and to take time to read the recent literature and examine its meaning with their clients in mind. A recent study showed that some women counselors are indeed homophobic and that homophobia reduction education does seem to lessen homophobia in counselors (Kennedy, 1994). Facing that reality is important, and getting training to overcome the homophobia is essential. Counselors need to face how they feel about lesbian couples and erase biases they may have about them. It is also important for counselors to make their offices gay/lesbian friendly, by displaying books on gay/lesbian issues on their bookshelves, including nonheterosexist language on intake forms (e.g., wife, father, mother, marital status) and in verbal language with clients. A counselor cannot assume that her or his clients are all heterosexual. In the counseling process, the counselor needs to also be aware of gay identity development and understand that lesbian and gay clients may also wrestle with the effects of internalized homophobia by virtue of living in a homophobic society.

There are many issues to be researched around dual career lesbian couples. One way to begin would be to examine O'Neil, Fishman, & Kinsella-Shaw's (1987) hypothesized career transitions in relationship to dual career lesbian couples. By examining the authors' normative themes (e.g., career salience, aging, time management, family roles) and career transitions (e.g., initial career choice, being fired or unemployed, career change) one may be able to assess whether the themes are similar and/or different for lesbians. It might be possible to determine, with statistical significance, that they are similar but slanted somewhat differently for lesbian couples. Certainly, the issues of secrecy in the relationship (Hetherington & Orzek, 1989) and society's homophobia (Riddle & Sang, 1978) are stressors in a lesbian relationship that heterosexuals do not have as a dynamic. In support of Morgan and Brown (1993), more research needs to be done in examining the relationship of career development theory and how it affects lesbian dual career clients.

Lesbians in dual career couples have always been a part of the world of work. Yet, there has been little research in reference to the issues dual career lesbian couples face. The study of lesbians in dual career couples could also enhance knowledge of gender-role development for work with heterosexual couples, aside from providing a better understanding of the lesbian dual career couple. It could also deepen the understanding of the effects of female and male socialization in society.

References

Bird, G.W., & Russell, D. C. (1986). Career satisfaction among dual career administrators. *Psychological Reports, 59*,1127-1132.

Blumstein, P., & Schwartz, P. (1983). *American couples: Money, work, sex*. New York: William Morrow.

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, Mass.: D. C. Heath.

Clunis, D. M., & Green, G. D. (1988). Work, money and time. In *lesbian couples*, (pp.55-69). Seattle, Washington: Seal Press.

Eldridge, N. S., & Gilbert, L. A. (1990). Correlates of relationship satisfaction in lesbian couples. *Psychology of Women Quarterly, 14*, 43-62.

Garnets, L. D., & Kimmel, D. C. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In J. Goodchilds (Ed). *Psychological perspectives on human diversity in American* (pp. 143-192). Washington, DC: American Psychological Association.

Gilbert, L. (1993). *Two careers, one family: The promise of gender equality*. Newbury, CA: Sage Publications.

Griffin, P. (1992). From hiding out to coming out: Empowering lesbian and gay educators. In Harbeck, K. M. (Ed.), *Coming out of the classroom closet* (pp. 167-196). Binghamton, NY: Harrington Park Press.

Hall, M. (1986). The lesbian corporate experience. *Journal of Homosexuality, 12*, 59-75.

Hetherington, C., & Orzek, A. (1989). Career counseling and life planning with lesbian women. Special issue: Gay, lesbian, and bisexual issues in counseling. *Journal of Counseling and Development,68*, 52-57.

Houser, R., Konstam, V., & Ham, M. A. (1990). Coping and marital satisfaction in dual career couples: Early stage dual-career couples — wives as college students. *Journal of College Student Development, 31*, 325-329.

Kater, D. (1985). Management strategies for dual career couples. *Journal of Career Development, 12*, 75-80.

Kennedy, J. A. (1994). A correlational study of female National Certified Counselors and their attitudes toward homosexuals (Doctoral dissertation, The College of William and Mary, 1994). *Dissertation Abstracts International, 5512A*, 9514355.

Maples, M. F. (1981). Dual career marriages: Elements for potential success. *The Personnel and Guidance Journal*, 19-23.

McCandlish, B. (1982). Therapeutic issues with lesbian couples. *Journal of Homosexuality*, 71-78.

Morgan, K. S., & Brown, L. S. (1993). Lesbian career development, work behavior, and vocational counseling. In L. D. Garnets & D. C. Kimmel (Eds). *Psychological perspectives on lesbian and gay male experiences* (pp. 267-286). New York: Columbia University.

Moses, A. E. (1978). *Identity management in lesbian women*. New York: Praeger.

O'Neil, J. M., Fishman, D. M., & Kinsella-Shaw, M. (1987). Dual-career couples career transitions and normative dilemmas: A preliminary assessment model. *Counseling Psychologist, 15*, 50-96.

Paddock, J. R., & Schwartz, K. M. (1986) Rituals for dual-career couples. *Psychotherapy, 23,* 453-459.

Parker, M., Peltier, S., & Wolleat, P. (1981). Understanding dual career couples. *The Personnel and Guidance Journal,* 14-18.

Peplau, L. A., Padesky, C., & Hamilton, M. (1982). Satisfaction in lesbian relationships. *Journal of Homosexuality, 8,* 23-35.

Raphael, S. M., & Robinson, M. K. (1980). The older lesbian: Love relationships and friendship patterns. *Alternative Lifestyles, 3,* 207-230.

Riddle, D., & Sang, B. (1978). Psychotherapy with lesbians. *Journal of Social Issues, 34,* 84-100.

Roth, S. (1985). Psychotherapy with lesbian couples: Individual issues, female socialization, and the social context. *Journal of Marital and Family Therapy, 11,*273-286.

Shachar, S. A., & Gilbert, L. A. (1983). Working lesbians: Role conflicts and coping strategies. *Psychology of Women Quarterly, 7,* 244-256.

Schneider, M. S. (1986). The relationship of cohabiting lesbian and heterosexual couples: A comparison. *Psychology of Women Quarterly, 10,* 234-239.

Schneider, B. E. (1987). Coming out at work: Bridging the private/public gap. *Work and Occupations, 13,* 463-87.

Serlen, B. (1989). Counseling dual-career couples. *Journal of Career Planning and Employment.* 80-86.

Sophie, J. (1982). Counseling lesbians. *The Personnel and Guidance Journal.* 341-345.

Sophie, J. (1985/1986). A critical examination of stage theories of lesbian identity development. *Journal of Homosexuality, 12,*39-51.

Steil, J. M., & Turetsky, B. A. (1987). Is equal better? The relationship between marital equality and psychological symptomatology. *Applied Social Psychology Annual, 7,* 73-97.

Steil, J. M., & Weltman, K. (1991). Marital inequality: The importance of resources, personal attributes, and social norms on career valuing and the allocation of domestic responsibilities. *Sex Roles, 24* (3-4), 161-179.

Stoltz-Loike, M. (1992). *Dual career couples: New perspectives in counseling.* Maryland: American Counseling Association.

Thomas, S., Albrecht, K., & White, P. (1984). Determinants of marital quality in dual career couples. *Family Relations, 33,* 513-521.

U. S. Census (1992). *1990 Census of Population/Supplementary Reports Detailed Occupation and Other Characteristics.* Washington, D. C.: Superintendent of Documents, US Government Printing Office: Author.

Wilcox-Matthew L., & Minor, C. W. (1989). The dual career couple: Concerns, benefits, and counseling implications. *Journal of Counseling and Development, 68,* 194-198.

Winkelpleck, J. M., & Westfeld, J. S. (1982). Counseling considerations with gay couples. *The Personnel and Guidance Journal,* 294-296.

Woods, S. E., & Harbeck, K. M. (1992). Living in two worlds: The identity management strategies used by lesbian physical educators. In K. M. Harbeck (Ed.), *Coming out of the classroom closet* (pp. 141-166). Binghamton, NY: Harrington Park Press.

Jelane A. Kennedy is an assistant professor in the Counseling Department, The College of Saint Rose. **Kathy M. Evans** is an assistant professor in the Department of Counseling, University of South Carolina. Correspondence regarding this article should be sent to Jelane A. Kennedy, Ed.D., School of Education-Counseling, The College of Saint Rose, 432 Western Ave., Albany, NY 12203.

> *No one can possibly know what is about to happen: It is happening each time, for the first time, for the only time.*
>
> —James Baldwin

Counseling Portfolio: An Authentic Assessment Model

Judith L. Osborne

An authentic assessment procedure for a master's program in counseling is described. The procedure incorporates the development of a portfolio to assess integration and synthesis of material through the course of a counseling masters program. The rationale used to develop the procedure, the general elements of the system, and effectiveness of the procedure as judged by faculty is discussed.

Counseling programs have both a theoretical and an experiential base in their curriculum. Furthermore, they are also developmental in nature, requiring that students continuously reflect upon and improve their clinical skills. This process is facilitated by ongoing professional supervision of their work by campus faculty and field supervisors. In the acquiring of clinical skills, students must also refine and develop the counseling theory base that grounds their professional practice. At the conclusion of the program, the most common assessment at the completion of a master's level counseling program is a written comprehensive exam or a thesis (Carney, Cobia, & Shannon, 1995). As a consequence, both the developmental and experiential growth of students graduating counseling programs seem to be inadequately evaluated. The purpose of this article is to describe a portfolio assessment process that addresses both the student's knowledge base and skill development, and is grounded in a sound research base.

The Counseling Portfolio Process

Portfolios, as traditionally used in teacher education, have been described as a collection of evidence documenting an individual's development and competency (Waterman, 1991). The components of a portfolio provide evidence of knowledge and skill across a series of situations and contexts. The traditional portfolio provides evidence of knowledge across all aspects of a

graduate program. The principle value of the portfolio rests in the process of its development. Ultimately, both the creative, developmental process and the final portfolio product are used for assessment purposes (Ryan & Kuhs, 1993).

With regard to its application to counselor training, Baltimore, Hickson, George, and Crutchfield (1996) recommended that portfolio assessment be considered as an effective way to measure trainee growth over time. To them, a comprehensive counseling portfolio included the student's best work, descriptive information demonstrating student progress, and an evaluation component. Carney, Cobia, and Shannon (1996) described a counselor trainee portfolio process in which students begin development of a working portfolio at the start of their program and continue to make additions and/or deletions with each course or experience until the program is complete.

The counseling portfolio process that will be described in this article requires students to reflectively focus on and provide important documentation of clinical growth and development by showing a sound theoretical grounding and an understanding of professional ethics. Furthermore, counseling students are required to complete course work that examines both quantitative and qualitative research methodology, and is taught from an action research perspective. This grounding in research undergirds the development of the portfolio document. The final portfolio document is based on a critical review of the literature in the theoretical area the student has chosen. The ability to critically analyze counseling research is developed as students read and review research in the field. This ability to analyze, integrate, and synthesize are crucial as students examine their past work and reflect on their changing theoretical perspectives and their related counseling practices.

Portfolio Model Program Development

The counseling faculty began the discussion of an alternative evaluation process by exploring the question, "What are the elements that need to be present as a student completes the master's degree program?" Ultimately, they agreed that upon completion of the program the qualified student must: (a) understand and be able to articulate their beliefs about the nature of people and the nature of the change process; (b) possess and be able to describe a sound theoretical foundation for their work; (c) understand, adopt, and adhere to the ethical guidelines of the counseling profession; (d) provide sound evidence of competence in basic counseling skills and professional case presentation; and (e) develop a personal and professional growth plan.

The faculty also pondered, "What are the best assessment methods that can be used to determine whether each student possesses these elements?" It was determined that students should be able to integrate and synthesize theoreti-

cal and practical concepts. The faculty then decided that the traditional written comprehensive examination would not be a sufficient measure and sought to explore alternative assessment methods.

In searching for alternative assessment procedures, the faculty developed a process similar to a traditional teacher education portfolio. The elements included within a students's counseling portfolio were (a) a personal/professional growth plan; (b) a narrative on their beliefs about the nature of people; (c) a description of their theoretical base for counseling which includes process and techniques; (d) an ethical application statement; (e) a tape representing the student's work with a client (which includes a formal case presentation and a typed tapescript); and (f) a current resume. The final portfolio is expected to be presented in American Psychological Association (APA, 1994) manuscript style.

Important Ingredients of the Counseling Portfolio

Jackson and MacIsaac (1994) suggested that portfolio assessment requires a values shift with regard to the purpose of learner assessment. Portfolios encourage learners to display their strengths rather than providing a means for documenting deficits. The portfolio process described in this article is similar to the procedure described by Ryan and Kuhs (1993) for use with teacher education candidates in that it provides the opportunity for both formative and summative assessment of students. Palardy (1994) described formative assessment as providing feedback to students regarding their progress throughout their time in the program. Thus, counseling students are involved in formative assessment throughout the course of their program as they receive regular supervision of their clinical work from both field and on-campus supervisors. Palardy stated that the summative assessment evaluates an end product and that the most effective summative measure is one which compares the student with him/herself as opposed to comparison with others or national norms. The portfolio described here is both formative in that it develops over the course of the program and summative because it serves as the final evaluation piece for the program. MacIsaac and Jackson (1994) stated that portfolios provide students with the opportunity to examine past work and to reflect on how they have changed and grown as the consequence of a set of learning experiences as well as provide the opportunity for the assessment of progress within a program of study. They described portfolio construction as an excellent vehicle for self-assessment and self reflection.

During the program, students work on various facets of their portfolio. In the first quarter of the program, students prepare a paper that describes their beliefs about the nature of people in their initial counseling theories class. This paper evolves as the student develops through the course of the program and

becomes integrated with the student's growing knowledge base of counseling theory. The counseling theory base presented in the final portfolio project embodies the culmination of six quarters of research and study. The theoretical base presented represents the synthesis of the knowledge acquired from three courses in counseling theory. Course grades yield evidence that students have successfully gained knowledge of specific subject matter; however, course grades don't necessarily indicate integration and synthesis of concepts. The portfolio method of assessment is a more effective means of determining if synthesis and integration of concepts are occurring.

The Counseling Profession, a course focusing on ACA ethical standards, provides the vehicle for students to begin to examine the ethical guidelines of the counseling profession. As they progress through the program, experiences at their internship sites force them to reexamine and personalize a code of ethics for themselves as counselors. As this material is tested in the internship field sites and refined, it also becomes a part of their final portfolio presentation.

Students work closely with their major professor to review and refine the portfolio document into its final form. At the culminating point in the student's program, the student presents a written copy of the final portfolio project to a committee of three for review. The review committee is chaired by the major professor. The student chooses a second member from the counseling faculty and a third member who is either a faculty member or a field supervisor. Students are encouraged to select a field supervisor to allow for a broader perspective of questions and responses as well as to increase the reliability of the assessment of the final product. Knapp (1982) recommended that at least one expert from the field be a part of the end point evaluation for students in any graduate program with an experiential field based component.

The committee is convened for a two-hour presentation by the student of their final portfolio project. At this time, the student also gives a case presentation and a tape of their work with a client. The faculty evaluate the portfolio defense using criteria such as the following: Can the student explain and field questions about the theoretical base that undergirds their work? Can the student describe the personal and professional growth that has occurred during the program and delineate a plan for continued growth in the future? Can the student describe the process they use in dealing with ethical dilemmas? Does the student's tape presentation of clinical work reflect a theoretical base that is supported by research and congruent with the theory base presented in the written portfolio? After the presentation and questions, the faculty committee is charged with the decision of determining if the work presented meets the standard expected for completion of the program. Students in the program choose a wide variety of theoretical orientations from

which to operate. Other important questions for the faculty to consider include: "Can the student clearly describe and defend their chosen theory, and is their clinical work congruent with that theory?"

If the student does not provide a case presentation and tape that are congruent with the theory base presented in the portfolio, they are asked to rework their document and prepare a presentation for a later date. However, this author has found that the majority of students are successful since they have worked on the evolving material in conjunction with program faculty and their major professor throughout the program.

Discussion and Recommendations

The essential components of the portfolio include a multiple set of elements that require the student to integrate theory and practice (Hatala, 1982; Jacobs, 1982). The portfolio assessment process not only relates theory to practice as a part of the formal curriculum but also requires that the student be able to successfully relate theory and practice in the final evaluation project — the portfolio presentation.

The procedure reported on in this article contains four characteristics that Wiggins (1989) described as essential for authentic assessment: (a) it is designed to accurately represent performance in the field; (b) it evaluates performance against standards that are clearly stated to students and others in the learning community; (c) it requires continuous self assessment; and (d) the students are generally expected to present their work and defend it publicly and orally.

Conclusion

Jackson and MacIsaac (1994) held that portfolio assessment can stimulate the development of a dynamic process that can be used across the student's lifespan. Comments from follow-up surveys of graduates of the program described in this article lend support to this idea (Osborne, 1992; Osborne, 1994) The continuous review of the program by both faculty and graduates has been found to be essential components of the refinement and enhancement of the portfolio process

References

American Psychological Association. (1994). *Publication Manual of the American Psychological Association* (4th ed.). Washington, D. C.: Author.

Baltimore, M. L., Hickson, J., George, J. D., & Crutchfield, L.B. (1996). Portfolio assessment: A model for counselor education. *Counselor Education and Supervision, 36,* 113-122.

Carney, J. S., Cobia, D. C., & Shannon, D. M. (1996). The use of portfolios in clinical and comprehensive evaluation of counselors-in-training. *Counselor Education and Supervision, 36,* 122-133.

Carney, J. S., Cobia, D. C., & Shannon, D. M. (1995, April). *Portfolios in Counselor Education Clinical and Comprehensive Evaluation.* Poster session presented at the American Counseling Association Annual Convention, Denver, CO.

Gilman, D. A., & McDermott, M. (1994). Portfolio collections: An alternative to testing. *Contemporary Education, 65,* 73-76.

Hatala, R. J. (1982). A problem-solving model of graduate education. In F. Jacobs, & R. Allen, (Eds.). *Expanding the missions of graduate and professional education.* (pp.73-89). San Francisco, CA.: Jossey-Bass.

Jackson, L., & MacIsaac, D. (1994). Introduction to a new approach to experiential learning. In L. Jackson, & R.S. Caffarella (Eds.), *Experiential learning: A new approach.* (pp. 17-28). (New Directions for Adult and Continuing Education, No. 62). San Francisco: Jossey-Bass.

Jacobs, F., & Allen, R., (Eds.). (1982). *Expanding the missions of graduate and professional education.* San Francisco, CA.: Jossey-Bass.

Knapp, J. (1982). Assessing experiential learning in graduate and professional education. In F. Jacobs, & R. Allen, (Eds.). *Expanding the missions of graduate and professional education.* (pp. 43-63). San Francisco, CA.: Jossey-Bass.

MacIsaac, D. & Jackson, L. (1994). Assessment processes and outcomes: Portfolio construction. In L. Jackson, & R.S. Caffarella (Eds.), *Experiential learning: A new approach.* (pp. 63-72). (New Directions for Adult and Continuing Education, No. 62). San Francisco: Jossey-Bass.

Millard, R. (1984). Assessing the quality of innovative graduate programs. In M. J. Pelczar, & L. C. Solmon (Eds.), *Keeping graduate programs responsive to national needs.* (New Directions for Higher Education, No. 46). San Francisco: Jossey-Bass.

Osborne, J. (1992). OSU Counselor Education Follow-up Report. Corvallis, OR : Author.

Osborne, J. (1994). OSU Counselor Education Follow-up Report. Corvallis, OR : Author.

Palardy, J.M. (1994). Theoretical underpinnings of portfolio assessment. *Journal of Instructional Psychology, 21,* 90-93.

Ryan, J.M., & Kuhs, T.M. (1993). Assessment of preservice teachers and the use of portfolios. *Theory Into Practice, 32,* 75-81.

Wiggins, S. (1990). Teaching to the (authentic) test. *Educational Leadership, 46,* 41-47.

Judith L. Osborne is an assistant professor in the School of Education at Oregon State University. The author offers special thanks to Reese M. House for his editorial assistance in preparation of this article. Correspondence regarding this article should be sent to Judith L. Osborne, Ed.D., School of Education, Oregon State University, Corvallis, OR 97331.

Future Directions in Systems Approaches: Chaos and Complexity Theory in Counseling

Greg Brack
Catherine J. Brack
Joseph A. Hill
Elyse Freilich

The future direction of systems approaches in counseling may involve the newer models of complex adaptive systems such as chaos and complexity theory. This article includes a discussion of the problems with family systems approaches identified by feminist and multicultural counselors, the method by which complex adaptive systems models and chaos and complexity theory address these problems, and a case conceptualization using general systems theory and chaos and complexity theory.

Systems approaches to working with couples and families have become very popular (Gladding, 1995). Yet, feminist and multicultural theorists have criticized the family systems approach to counseling (e.g., Ault-Riche, 1986; Sue & Sue, 1990). This article summarizes these critiques and suggests ways in which the newer approaches to complex adaptive systems, particularly chaos and complexity theory, can address these concerns and expand on the systems approach to counseling. Although previous articles applied chaos and complexity theory to the helping professions (Brack, Brack, & Zucker, 1995; Michaels, 1989; Nelson, 1993; Vicenzi, 1994), they did not address how chaos and complexity theorists could respond to its detractors.

Feminist and multicultural theorists have suggested that the traditional models in science claim to be objective and to fit reality but tend to be

homeostatic, linear, cause and effect models that reflect masculine, Eurocentric views of reality (Faunce, 1985; Goerner, 1994; Keller, 1985; Prochaska & Norcross, 1994; Sue & Sue, 1990). In fact, the emphasis is on prediction and control (e.g., Faunce, 1985; Keller, 1985). Focus on these models has led to the invalidation of nonlinear models such as chaos and complexity theories (Gleick, 1987). Although general systems theory is not a linear model, feminists and multicultural counselors have criticized it for its emphasis on causality and homeostatis and its purported objectivity (e.g., Ault-Riche, 1986).

Systems theory was developed with contributions from biology (Miller, 1978; von Bertalanffy, 1968), anthropology (Bateson & Bateson, 1987), and psychology (Minuchin, 1974). Systems approaches view the family as a living system that is open, self-regulating and motivated to behave through negative and positive feedback loops (Gladding, 1995). The family attempts to maintain homeostasis. Causality is circular with everyone's behavior mutually influencing the others'. Family systems therapy focuses on homeostatis, causality and change within the members of the family (sometimes across generations) (Haley, 1976; Minuchin, 1974; Watzlawick, Weakland, & Fisch, 1974).

Both feminist (Ault-Riche, 1986; Avis, 1988) and multicultural theorists (Prochaska & Norcross, 1994; Sue & Sue, 1990) have suggested that historical, political, and social systems impact problems within individuals and within families. Family systems theorists have not ignored the impact of other systems, but have focused on the family's symptoms as a reflection of its ability to adapt to environmental stresses (Carter & McGoldrick, 1988; Minuchin, 1974). Feminist and multicultural theorists suggest that the family may be adapting quite well to the environment as it is, but, since that environment is dysfunctional (i.e., racism and sexism), the family may appear dysfunctional (e.g., Ault-Riche, 1986; Prochaska & Norcross, 1994). If the feminist and multicultural theorists are correct, other systems also should be the focus of change rather than just the family.

Family systems theorists believe that all members contribute equally to the problems in the family and are all the focus of change. Feminist counselors have argued that patriarchical societies give more power to male members and adult members in the family (Avis, 1988; Ault-Riche, 1986). In other cultures, female members of the family (e.g., Native American, African American) and members of the extended family or family friends (e.g., Native American, Latino American) may have more power within the society and the family (Sue & Sue, 1990). If feminist theorists are correct, change might not focus on all family members equally.

Feminists also disagree with the claim of objectivity by systems therapists

and theorists. In strategic systems therapy, the therapist (observer) attempts to remain separate from the objects (family members) in order to provide objective feedback (Haley, 1976). Minuchin (1974) realized that the therapist becomes part of the system and, therefore, stated that diagnosis of the family problems must come early in the therapy before this occurs. Feminists would argue that, in fact, no observer (therapist) is objective but brings his/her own subjective experiences to observations and diagnoses (e.g., Keller, 1985). Quantum mechanics suggests that the actual properties of objects cannot be separated from the act of measurement and from the measurer himself/herself, since the observer can actually change what they are observing just through the process of observation (Nelson, 1993). Because counselors are a part of the therapeutic system and part of the larger social system, they cannot remain objective observers (Brown, 1995). Thus, the therapist could unintentionally maintain the social hierarchies reflected in society (e.g., racism, heterosexism, and sexism) or neglect to encourage the family to fight to change the system. One example of family systems theorists being part of the system is the definition of a family as nuclear with two heterosexual parents and children. This structure does not reflect the families of procreation or origin for many clients with whom a therapist works (e.g., Sue & Sue, 1990).

Feminist theorists also have argued against the power-oriented approach of family systems theory in which the therapist diagnoses what is wrong and develops a tactic to change the system to be more functional. This approach reflects the emphasis of Western science on prediction and control (e.g. Faunce, 1985; Keller, 1985). The idea of prediction and control is antithetical to the approach of Native American and Latino cultures which focus on being rather than doing (Sue & Sue, 1990). In addition, the therapist's definition of the identified patient's problems as a reflection of family problems might not agree with an Asian-American family's definition (Sue & Sue, 1990). For example, assisting the identified patient to focus on how he/she could be more effective might be more helpful than focusing on family dynamics (Kim, 1985). Feminist and multicultural theorists believe that the therapist should share power with clients and include them in problem definition and problem resolution (Brown, 1995; Sue & Sue, 1990). The therapeutic sharing of power evolves from the openness of the therapist. The therapist is open about his/her values, his/her attitudes, and the clients' rights and privileges.

The focus of family systems theorists on family therapy as the source of change, and the therapy office as the location of change also reflects this power orientation. Feminist and multicultural theorists would argue that there are many systems within the community that can assist clients and that these systems should be utilized (e.g., Brown, 1995; Sue & Sue, 1990). In addition, reaching families within their homes or communities can avoid the intimidating and hierarchical structure inherent in therapy (e.g., Brown, 1995;

Sue & Sue, 1990).

Chaos and Complexity Theory: A Model of Complex Adaptive Systems

An important characteristic of chaos and complexity theory is unpredictability over time (Goerner, 1994; Michaels, 1989). Chaotic systems have a set of rules (goals) which direct the system's behavior moment to moment (Cambel, 1993; Michaels, 1989; Peitgen, Harmut, & Saupe, 1992). The complex non-linear interactions of these rules and sensitivity to initial conditions (minor differences in measurement error of the initial conditions of a system) are what lead to unpredictability over time (Cambel, 1993; Gleick, 1987; Peca, 1992; Peitgen et al., 1992; Ruelle, 1991). However, within the unpredictability of the system, self-organizing patterns may develop (Waldrop, 1992). A clinical example of this unpredictability is illustrated by attempts to determine how a client will develop and cope based on the client's history. Research has indicated that even two survivors of abuse with similar histories can cope differently (Herman, 1992).

Complex adaptive systems are systems that are able to gather and process information and respond and adjust to their environment (which is composed of other complex adaptive systems) (Gell-Mann as cited in Hubler & Pines, 1993). The complexity of a system depends upon the character of the system, its environment, and the nature of the interactions among them. Structures (or schema) regulate the system and are modified to predict and adapt to the dynamic quality of that environment. Mechanistic linear models rarely provide an adequate model of the adaptation of the system's goals to changes in the environment through learning and innovation (Hubler & Pines, 1993). Thus, systems evolve over time (Peitgen et al., 1992).

According to Hubler and Pines (1993), adaptation may be more important for survival than stability or homeostasis. Vigorous debate still continues among systems theorists and biologists on how adaptive a system needs to be in order to remain viable. Research has suggested that a complex adaptive system should not be perfectly adaptable to its present environment (Brack, et al., 1994), since any system perfectly adaptive today will quickly be outdated tomorrow (Peters, 1987). It must be adaptive or responsive enough to fluctuations in its internal components and to interactions with the environment for survival and further growth. A family system that may seem dysfunctional in the present may be remarkably resilient over the long-term. As a result, a dysfunctional frame or diagnosis by the therapist may be due to his/her ignorance of what is required for the family to adapt to the environment and each other.

Change and the rate of change are unpredictable in chaotic systems (Peters,

1987). This view is consistent with the American-Indian concept of time as circular and flowing rather than artificially divided into minutes, hours, and days (e.g., Sue & Sue, 1990). Complex adaptive systems are open systems and are far-from-equilibrium (Peitgen et al., 1992). If the system is far-from-equilibrium, even small changes may produce big effects. Far-from-equilibrium conditions can allow opportunities for change and growth if the client is open to it (Nelson, 1993). Studies have found that healthy systems tend to dwell at the boundary between chaos and stability (the edge of chaos) (McCown & Johnson, 1993). With enough stress, the complex adaptive system will lapse into chaos, only to reorganize itself into newer, more adaptive patterns. During stressful periods, the rate of change can shift dramatically and unpredictably. In such instances, the counselor and client cannot predict when and at what rate change will occur. These stressful periods are called turbulence.

Turbulence can lead to bifurcation (splitting) into self-similar parts called fractals. Fractals are geometric patterns that are similar to each other (Michaels, 1989) and repeat themselves at lower levels (Schroeder, 1991). If one looks at the graph of the functioning of a chaotic system over time and magnifies portions of it, these portions resemble the whole graph in miniature. Biologists' belief that living systems (cells, organisms, or organizations) have the same 20 components is an example of the fractal nature of living systems (Miller & Miller, 1990). A clinical example of fractals would be a graph of a couple's fighting over time (days, weeks, or months). Fights might be common during high stress and rare during low stress. However, during middle levels of stress, predicting the exact number of fights may be difficult, although the graph does have boundaries.

Chaotic systems tend to stay within boundaries due to strange attractors which are points that limit behavior in a system of three or more dimensions (Butz, 1993; Goerner, 1994). As unusual as it may sound, the counselor can become the client's strange attractor - a force that may assist to constrain, but not control, the client (Chamberlain, 1993; Nelson, 1993). Many survivor clients self-organize to maintain control and minimize pain rather than to be flexible and adapt to the turbulence (Herman, 1992). If the survivor is closed to feedback, they are unable to respond to the environment (Nelson, 1993). Adaptation to the world, not control over that world, is the healthiest means of coping (Brack et al., 1995). This view is consistent with many multicultural families who believe that being in harmony with nature is more important than controlling it (e.g., Sue & Sue, 1990). A systems therapist can bring the client into contact with the counselor and other support systems that may allow the client to synchronize with these other systems with each system affected by the interaction.

Conceptualizing Clients and Therapy: General Systems vs. Chaos and Complexity Theory

Obviously, these new approaches to complex adaptive systems impact the way counselors conceptualize clients and therapy. The following case example conceptualized from general systems theory and from chaos and complexity theory illustrates how this can be accomplished.

Case Example

The Stewart family entered family therapy to deal with the effects of husband's and father's alcoholism. Jonathon had been in recovery for one year. He was a 34 year old white male, and his wife, Tracy, was a 32 year old white female. They had been married 10 years and had two children, Sarah, age 8 and Matthew, age 5. Sarah was outgoing and helped around the house. Matthew was shy but well-liked by other children. Sarah and Matthew usually got along well. Sarah was protective of Matthew.

Jonathon worked as a sales representative and traveled to nearby towns which involved being away from home about one night per week. Jonathon's alcoholism had not negatively impacted his income and was unknown to his employer. Jonathon came from a traditional, blue collar family. Jonathon's family strongly encouraged him to attend college to "better himself."

Tracy was a full time student in physical therapy. Although Jonathon had always supported them, Tracy reported concern that, if he began to drink again, he might lose his job. Having her own career minimized her concern. Tracy's family also was traditional. She was encouraged to marry and have a family.

Tracy reported problems with the children and Jonathon. She stated that Sarah was having difficulty concentrating and sitting still and had been tested for Attention Deficit Hyperactivity Disorder(ADHD). The school psychologist felt her difficulties were related to emotional concerns not ADHD. Tracy reported that Sarah had overheard arguments between her and Jonathon when he would come home drunk and wondered if Sarah's problems were related to their fighting. Matthew's teacher reported that he was quiet, did not interact with the other children, and cried easily. When Matthew's teacher questioned him, he told her that he was sad that his mommy and daddy did not like each other. Tracy said that she wanted to help the children to "deal with their anger at their father." Tracy reported considerable anger at Jonathon, because Jonathon did not participate in family activities and would rather work or go out drinking with buddies than be at home with them. Although he no longer actually went out drinking, Tracy complained she and Jonathon did not talk enough or spend enough time alone, and he did not help enough

with household tasks or with the children. Jonathon reported that he was happy with his marriage and his family and just wanted "things to get back to normal." Tracy reported that previous couples counseling had helped her to understand alcoholism and codependency but had not helped her to deal with her anger.

General Systems Theory

Tracy and Jonathon had an alcoholic marriage with Jonathon underfunctioning in terms of the family and Tracy overfunctioning. Tracy was focused on Jonathon's alcoholism as the source of the marital and family problems, and had not focused on her own role in maintaining the system. In addition, Sarah had become Tracy's helper in taking care of the house and her younger brother. Thus, Tracy, Jonathon and Sarah had set up a triangle.

The first goal of the systems therapist would be to have the family define a treatment goal in specific terms. The treatment goal might be to increase the amount of time the family and couple do things together. Because of Jonathon's lack of involvement, Tracy had taken over most of the household tasks (cooking, cleaning, paying bills, etc.) and all of the parental tasks (discipline, checking on homework completion, talking with teachers, taking the children to activities, etc.). Rather than get help from Jonathon, Tracy got help from Sarah. The therapist might attempt to change this using several strategies.

One strategy might be restructuring. The therapist might have Tracy give instructions about cleaning the house to the children and Jonathon and instruct them to refuse to cooperate unless she is willing to play with them on another day. This strategy would allow Jonathon and the children to cooperate together and would set up time in which the whole family would be able to play together.

Another strategy might be for the therapist to shape competence in Jonathon (Gladding, 1995). The therapist could have Jonathon practice giving instructions to the children in session and provide reinforcement for the positive things he says or does. This strategy would change the current system where Tracy is in charge of getting things done at home with the help of Sarah and allow Jonathon to take charge and/or assist Tracy.

A third strategy might be enactment. The therapist could have the family act out a typical evening in which Tracy is attempting to accomplish all the tasks that she feels need to be completed (dinner, homework, picking up the house, etc.), and the children and Jonathon are reacting as they usually do. This strategy would allow the therapist to get a better sense of what occurs. The therapist could then intervene by having each family member act differently. Thus, the family and the couple would work out a cooperative way to get things done.

Since the family is in homeostasis, another strategy might be unbalancing the system. The therapist could ally himself/herself with Jonathon against the family. This strategy might help change the family's interactions with him and provide an opportunity for Jonathon to join Tracy in the parental subsystem. The therapist could ally with Sarah to express what she gains by being her mother's helper (e.g., praise) and/or from the difficulties she is having in school (e.g., concerned attention from her parents). The family might interact with Sarah in new ways allowing her to get praise for school work and attention from her parents for participating in activities with the family. In summary, the goal of these strategies would be to change patterns and establish a new homeostasis.

Chaos and Complexity Theory

The Stewart family is in a turbulent period. This period can provide an opportunity to reorganize into a newer, more adaptive pattern. The therapist will not want the Stewart family to become stable again, because they are less likely to be able to adapt to new changes. It is clear that, with Jonathon's sobriety, Tracy's education, and the children's growth, continuing change is inevitable. Thus, the family needs to learn to be flexible. The therapist would not assume that any particular pattern would be most adaptable for the family but explore alternatives. The therapist also can become a strange attractor by modeling flexibility and openness to input from other systems and from within the system. Discouraging the family's need to control and assisting them to value change and differing rates of change would be an important task for the therapist.

Since Tracy is unhappy with the current roles she and Jonathon have, discussing alternative ways to deal with household and family tasks is important. The therapist could explore how tasks have been assigned, who enjoys certain tasks, and the importance of the tasks to each of the family members. Sarah's role in the family as her mother's helper may be due to her belief that, as the female, she is supposed to assist her mother in taking care of the house and her brother. This belief may be reinforced by Jonathon's lack of involvement in these activities.

With the feminist perspective in mind, the family would be encouraged to choose roles and tasks based on interests and abilities rather than gender. However, taking into consideration Jonathon's and Tracy's traditional upbringing, discussing their concerns about male and female roles in the family and the benefits and consequences of complying with or rebelling from the roles with which they grew up would be important (Brown, 1986; Sue & Sue,

1990). Encouraging both Jonathon and Tracy to choose tasks not related to gender would encourage the children to explore other tasks which should increase flexibility.

Other issues that could be explored include the Tracy's powerlessness to change Jonathon's behavior experienced by Tracy and the children and Tracy's powerlessness to leave until she can support herself and the children. In summary, the primary therapeutic goal would be for the family system to remain flexible and at the edge of chaos for optimum adaptibility to environmental and familial change.

Conclusions

Systems theory is rapidly developing, in part, as a result of the criticisms of feminist and multicultural theorists. These challenges can be addressed by integrating chaos and complexity models of complex adaptive systems into systems theory and practice. By doing so, the therapeutic objective shifts from stability and homeostasis to adaptability and flexibility.

References

Ault-Riche, M. (Ed.) (1986). *Women and family therapy*. Rockville, MD: Aspen.

Avis, J. M. (1988). Deepening awareness: A private study guide to feminism and family therapy. In L. Braverman (Ed.) (pp. 15-46). *Women, feminism and family therapy*. New York: Haworth.

Bateson, G., & Bateson, M. C. (1987). *Angels fear*. New York: Macmillan.

Brack, G., Brack, C.J., & Zucker, A. (1995). How chaos and complexity theory can help counselors be more effective. *Counseling and Values, 39*, 200-208.

Brown, L. S. (1995). *Subversive dialogues: Theory in feminist therapy*. New York: Basic Books.

Brown, L. S. (1986). Gender-role analysis: A neglected component of psychological assessment. *Psychotherapy, 23*, 243-248.

Butz, M. R. (1993, August). Chaos theory and familial dynamics: What does it look like? Paper presented at the American Psychological Association Annual Convention, Toronto, Canada.

Cambel, A. B. (1993). *Applied chaos theory*. New York: Academic Press.

Carter, B., & McGoldrick, M. (1988). *The changing family life cycle*. (2nd ed.) New York: Gardner.

Chamberlain, L. (1993, August). Strange attractors in patterns of family interaction. Paper presented at the American Psychological Association Annual Convention, Toronto, Canada.

Faunce, P.S. (1985). Teaching feminist therapies: Integrating feminist therapy, pedagogy, and scholarship. In Rosewater, L. B., & Walker, L. E. A. (Eds.) (pp. 309-320). *Handbook of Feminist Therapy*. New York: Springer.

Gladding, S. (1995). *Family therapy: History, theory, and practice*. Englewood Cliffs, NJ: Prentice-Hall.

Gleick, J. (1987). *Chaos*. New York: Penguin Books.

Goerner, S. J. (1994). *Chaos and the evolving ecological universe*. Langhorne, PA: Gordon and Breach.

Haley, J. (1976). *Problem-solving therapy*. San Francisco: Jossey-Bass.

Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

Hubler, A., & Pines, D. (1993). Prediction and adaptation in a evolving chaotic environment. Working paper #93-06-041 from the Santa Fe Institute. To appear in Cowan, G., Pines, D., & Melzer, D. (Eds.) *Integrative themes*. Santa Fe Institute Studies in the Sciences of Complexity, Proceedings Volume XIX, Reading, MA: Addison-Wesley.

Keller, E. F. (1985). *Reflections on gender and science*. New Haven, CT: Yale University Press.

Kim, S. C. (1985). Family therapy for Asian-Americans: A strategic structural framework. *Psychotherapy, 22*, 342-356.

McCown, W., & Johnson, J. (1993, August). Chaos in response to changes in family systems: Empirical findings. Paper presented at the American Psychological Association Annual Convention, Toronto, Canada.

Michaels, M. (1989). The chaos paradigm. *Organizational Development Journal, 7*, 31-35.

Miller, J. G. (1978). *Living systems*. New York: McGraw-Hill.

Miller, J. G., & Miller, J. L. (1990). Introduction: The nature of living systems. *Behavioral Science, 35*, 157-163.

Minuchin, S. (1974). *Families and family therapy*. Cambridge: Harvard University Press.

Nelson, A. (1993). The application of chaos theory to the understanding of psychological transformation. UMI Dissertation Services, No. 9204129, Pepperdine University.

Peca, K. (1992, April). Chaos theory: A scientific basis for alternative research methods in educational administration. Paper presented at the Annual Convention of the American Educational Research Association, San Francisco, CA.

Peters, T. (1987). *Thriving on chaos*. New York: Harper Perennial.

Peitgen, H., Harmut, J., & Saupe, D. (1992). *Chaos and fractals*. New York: Springer-Verlag.

Prochaska, J. O., & Norcross, J. C. (1994). *Systems of psychotherapy*. Pacific Grove, CA: Brooks/Cole.

Ruelle, D. (1991). *Chance and chaos*. Princeton, NJ: Princeton University Press.

Schroeder, M. (1991). *Fractals, chaos, power laws*. New York: W. H. Freeman and Co.

Sue, D. W. & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. Second Edition. New York: Wiley.

Vicenzi, A. E. (1994). Chaos theory and some nursing considerations. *Nursing Science Quarterly, 7*, 36-42.

von Bertalanffy, L. (1968). *General systems theory*. New York: George Braziller.

Waldrop, M. (1992). *Complexity*. New York: Simon & Schuster.

Watzlawick, P., Weakland, J.H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.

Greg Brack, is an associate professor in the Department of Counseling and Psychological Services at Georgia State University. **Catherine J. Brack** is an associate professor, in the Counseling Center at Georgia State University. **Joseph A. Hill** is a clinical professor in the Department of Counseling and Psychological Services at Georgia State University. **Elyse Freilich** is a psychologist in Hickory NC. Correspondence regarding this article should be sent to Catherine J. Brack, Ph.D., the Counseling Center, Georgia State University, Atlanta, GA 30303-3083.

“If we are to reach real peace in the world, we shall have to begin with children.”

—GHANDI

Factors Influencing School Counselor Performance: Implications for Professional Development

Stewart W. Ehly
Richard Dustin

School counselors make many complex decisions on a daily basis that affect children and other adults. The current study addresses the roles of school counselors and the resources that they utilize in order to master their basic responsibilities. Of special importance was the application of the preparation for their related roles and responsibilities, and their perceptions of various knowedge sources that could influence their response to work situations. The implications of counselors' decision-making strategies for professional development is also discussed.

The school counselor is faced with a wide variety of tasks which range well beyond individual and group counseling. As such, there is often thought to be a gap between the focus of preservice, professional curriculum (including the values of counselor educators), and the daily practice of school counselors. This training-practice gap has been described as the lag in preparation and emphasis between the appropriate focus for school counseling and the daily, almost hourly demands of crises which dominate the life of the school counselor (Paisley & Borders, 1995).

However, there remains little direct information on how school counselors maintain their professional knowledge or how they learn new developments in practice during their careers, although many recommendations for personal and professional development have been offered (Wilkins, 1997). The current study investigated how counselors view what they do, how they are influenced by their past and present training in making decisions, and how they view their options when asked to deal with service demands. The study

asks the question, What do school counselors report as the main influences of their learning related to practice?

Knowledge and Professionalism

DeMartini and Whitbeck (1987) considered how professionals make use of available knowledge in the process of decision making. A key feature of the quest for professionalization is use of a theoretical knowledge base, although Holzner and Marx (1979) additionally emphasized the importance of "an esoteric, specialized, technical skill; a long training and socialization; strong professional subculture and ideology; lifelong commitment to a structured career; autonomy of action; a formal occupational association; control over training and legal licensing; and a code of ethics and/or client-centered orientation—the service ideal." (pp. 333-338) Schon (1988) pointed out the importance to a profession of a shared body of knowledge, as well as an initiation into the traditions of a community of practitioners and their practice world. Formal higher education has been identified as a basic credential for professionals and has served to transmit the formal knowledge that provides a profession with a foundation for its authority (Freidson, 1986). Furthermore, a profession's claim to authority has been based upon the ability of its members to manifest their special knowledge in their interactions with their clients (Schon, 1983). Initiation includes learning the conventions, constraints, appreciative systems, systematic knowledge, and language of the profession. Yinger (1990) also noted the importance attached to professionals' learning the language of their professional practice.

Practitioner Issues

Practitioners face situations that contain unique variations from what formal knowledge would predict (Schon, 1988) and that require a response irrespective of the existence of reliable knowledge (Holzner & Marx, 1979). In fact, practitioners adapt to the practical exigencies of day-to-day work by using compromised situational judgment, informed by standards that were taught in their preservice preparation (Freidson, 1986). Holzner and Marx (1979) further noted that there is a limit to the amount of information that an individual can absorb and a limit to the capacity of an individual to integrate specialized knowledge derived from divergent domains. As a result, professionals have found it advantageous and necessary to turn to colleagues for advice and help when their scope of knowledge becomes insufficient (Holzner & Marx, 1979; Ziman, 1987). Schon (1983) described the manner in which practitioners bring past experiences to bear on current (apparently unique) cases. Other authors have stressed the importance of experience in drawing inferences in current situations (Grimmett, 1988) and in shaping the meaning

practitioners read into research and theory (Russell, Munby, Spafford, & Johnston, 1988).

Holzner and Marx (1979) described an additional element of working knowledge as being tacit to a large extent. This tacit element has been acquired through experience and participation rather than learned from books. It has rested on an understanding of complex relationships and processes that cannot be fully explained. Schon (1983) also described the tacit component of professional knowledge that is implicit in actions for which professionals cannot state rules and procedures. Perhaps cognizant of the limitations of formal knowledge and this tacit element of working knowledge, Ziman (1987) wrote that practitioners must begin working in their field while they are still somewhat ignorant. Whether through practicum experiences or actual on-the-job experiences, novice practitioners have found themselves beginning to do what they do not yet understand (Schon, 1988) and gaining knowledge that is unavailable from more formal sources. Thus, in some sense, learning has been in the doing.

Knowledge Utilization

The literature on knowledge utilization suggests that practitioners do not use professional knowledge in a consistent, uniform manner (DeMartini & Whitbeck, 1986, 1987). At times, specific knowledge has provided solutions to specific problems or has directed practice. At other times, knowledge has provided general awareness or understanding, or has informed practice. Knowledge, thus, can serve as a source for reflection to transform or apprehend practice. Knowledge use involves the incorporation of multiple types and sources of information, with experiential knowledge providing a primary source of information for decision making and task performance. Skovholt and Ronnestad (1992), who investigated the interests of counselors in professional development, discovered that as professionals mature, knowledge use and acquisition of knowledge continues in varied ways. The maturing professional relies on his or her own resources and expanding knowledge. Recently, interest has focused specifically on maturing school counselors (Paisley & Borders, 1995). As these professionals develop their careers, little is known about their interest in expanding practice knowledge, although they have been singled out as the counseling group which receives no direct supervision of their clinical practice (Benshoff & Paisley, 1996).

DeMartini and Whitbeck (1987) addressed "linkages between the sources of knowledge for practice and the job tasks for which knowledge is useful" (p. 220), suggesting that their investigation of the work behavior of social workers was relevant to an understanding of the actions of other professions. The authors considered social workers to be active agents in sizing up which

knowledge was useful and determining which sources of knowledge would be suited to perform a work responsibility. One conclusions of these authors was that "the most important source of knowledge for practice is what happens in the practice itself." (p. 227) On-the-job training was second in importance as a knowledge source. Experiential sources of knowledge were "dependent upon the involvement of the individual in the work setting....it cannot be separated from the practice experience." (p. 227)

The purpose of this study was to investigate the following research questions: (1) school counselors' sources of knowledge; (2) frequency ratings of these knowledge sources; (3) importance of knowledge sources to task completion.

Methodology

Participants

A stratified, random sample of K-12 school counselors was drawn from a commercially-prepared education mailing list of K-12 counselors from school systems around the United States (Market Data Retrieval, 1992). Every tenth counselor was selected until a sample of 200 was obtained. Eighty-two useful questionnaires were returned for a 41 % return rate. Sixty-two of the participants were female (76%), while 16% of the total sample listed their client population as elementary school-age children. An additional 35% described their clients as a combination of elementary, middle, or secondary school students. Forty-five percent of the participants stated that they had from 300-499 clients, while 85% of the participants stated they had from 100-799 assigned clients.

Characteristics of the 82 counselors (62 females, 20 males) involved in the questionnaire segment are presented in Table 1. The sample included a range of experience, from those with only one year of teaching experience to those with as much as 35 years of teaching experience. Participants varied as well in terms of the size of communities in which they lived and size of the school in which they worked.

TABLE 1
Demographic Characteristics

Characteristic	Frequency	Percent
Counseling Experience in Years		
0 - 4	9	12.7
5 - 9	21	29.6
10 - 14	15	21
15 - 19	6	8.5
20 - 24	12	17
>25	8	11
Population Served		
Elementary	11	15.5
Mid/junior high	12	17
High School	22	31
Combination	26	35
Community Size		
< 500	13	17
500 - 1999	3	4
2000 - 9999	10	14
10,000 - 49,999	22	31
50,000 - 249,000	19	27
250,000 - 499,000	1	1.4
>500,000	3	4.2
Number of Assigned Students		
< 100	1	1.4
100 - 299	14	20
300 - 499	32	45
500 - 699	14	20
700 - 899	4	6
> 900	6	9

Instrumentation

A questionnaire was developed for this study to obtain responses pertaining to each of the major research questions. The questionnaire was composed of three separate and distinct sections. The first section of the questionnaire requested demographic information, including age, sex, educational level, years of professional experience, and primary student population served.

The second section of the questionnaire listed general job tasks of school counselors. Recent introductory texts in guidance and school counseling were examined to obtain the five major job tasks employed in the questionnaire (see Table 2). Potential sources of professional knowledge, adapted from DeMartini

and Whitbeck (1987), were listed. Participants were asked to rate the frequency that each of the listed sources of knowledge assisted them with each of the five job tasks. They then were asked to estimate the importance of each source of knowledge related to each major job task. Estimates of frequency of both use and importance were rated on a 5-point Likert-type scale with a rating of one equaling "very frequent" or "very important," and a rating of 5 equaling "infrequently" or "not very important." Prior to utilization, informal pilot data were collected from local school counselors to refine the wording of the questionnaire and to determine the length of time needed to complete the survey.

Table 2
Job Tasks on Counselor Questionnaire

Counseling students (meeting with students alone and in groups. Includes selecting clients, keeping notes, following up)
Direct contact with students—non-counseling (meeting with students for orientation, advising, contacting them in class, including teaching)
Working with parents and educators (plan and conduct groups and classes for adults. Consult with parents and educators)
Gathering information (collect all forms of information on students. Direct and coordinate program for testing)
Liaison responsibilities (maintain relationships with school and community providers of professional services. Includes coordinating out-reach activities and visits by guest speakers)

In the third section, the six general job tasks were listed on two consecutive pages. These were not counterbalanced across respondents. Under each job task, a variety of potential sources of knowledge providing information useful to practice was listed. The sources of knowledge included both formal and informal factors and were adapted from questionnaires refined by DeMartini and Whitbeck (1986, 1987). The authors of the current study adapted the sources of knowledge categories that were reported in the DeMartini and Whitbeck studies.

Respondents made three job task-specific ratings of each knowledge source. First, respondents rated each source as to how frequently it is used for successful task completion using a 5-point Likert-type scale, where 1 equaled "very frequently" and 5 equaled "infrequently." Second, respondents rated the information gained from each knowledge source as to its importance for successful task completion, again using a 5-point Likert-type scale where 1 equaled "very important" and 5 equaled "not very important."

Prior to administration, the questionnaire was pilot tested with ten practicing school counselors. The purpose of the pilot study was to make certain that the questions were stated clearly and that the layout of the questionnaire was as simple and as understandable as possible. Feedback from the ten counselors produced subsequent minor changes in the language of the questionnaire.

Procedure

Participants were then sent information packets containing a cover letter of explanation (including informed consent information), directions for the completion of the questionnaire, and a stamped return envelope. The questionnaire was printed in reduced type and mailed to the sample with a cover letter and a stamped return envelope. The cover letter that accompanied the first mailing explained the general purpose of the study and contained statements assuring confidentiality and anonymity of participants, and offered to make available, upon request, a summary of the results of the study. Directions for completion of the questionnaire were printed on the front of the questionnaire. The counselors were asked to review the definitions of job tasks that would be used throughout the instrument.

Three weeks after the first mailing, non-respondents were mailed a letter reminding them to complete the questionnaire. Three weeks following the second mailing, a third letter was sent to non-respondents, requesting assistance with the project. Four requests came by telephone for an extra copy of the questionnaire (e.g., counselors had misplaced their copies). Three of the initial mailings were returned by the post office with "forwarding address unknown" on the envelope. Two questionnaires were returned uncompleted, with a note saying the person chose not to participate.

Results

Data from the respondents were analyzed to determine the Likert-type rating of each source of knowledge as to how frequently it was used to provide information for successful task completion, with 1 indicating "very frequently" and 5 indicating "infrequently." Results that are presented in Table 3 indicate that counselors use their personal experience more frequently than any other source of knowledge. This was followed in frequency by talking to colleagues. Traditional sources of knowledge, such as undergraduate courses, professional journals, and textbooks were among the least frequently used options.

The same counselors were then asked to indicate their Likert-type ratings of the importance of the information as it pertained to successful task

Table 3
Means of Job Tasks and Sources of Knowledge

Sources of Knowledge	Frequency Job Task Counseling	Job Task Direct Contact with Students	Job Task Working with Parents	Job Task Gathering Information	Job Task Liaison Responsibilities	ROW MEAN
1. Continuing Education Coursework	2.871	3.377	3.406	3.926	3.681	3.5
2. Graduate Coursework	2.857	3.400	3.464	3.530	3.899	3.4
3. "How to" Books/Tapes	3.186	3.429	3.145	3.855	3.870	3.5
4. Information Retrieval	3.900	3.823	4.088	3.896	4.134	4.0
5. Inservice Training	2.529	2.657	2.884	3.074	2.928	2.8
6. On-The-Job Training	2.072	2.071	2.217	2.235	2.333	2.2
7. Personal Experience	1.493	1.514	1.614	2.015	1.681	1.7
8. Professional Journals	3.000	3.229	3.286	3.809	3.666	3.4
9. Supervisors	3.304	3.333	3.280	3.075	3.029	3.2
10. Talking to Colleagues	1.957	1.943	2.087	2.087	1.913	2.0
11. Textbooks	3.814	4.114	4.160	4.263	4.377	4.1
12. Undergraduate Coursework	4.043	4.000	4.275	4.391	4.304	4.2
13. University Practicum	3.338	3.765	4.045	3.866	4.179	3.8
14. Workshops and Conventions	2.243	2.671	2.671	3.101	2.696	2.7
COLUMN MEAN	2.9	3.1	3.2	3.4	3.3	

completion, with 1 indicating "very important" and 5 indicating "not very important." The results are presented in Table 4. Mean rating for each of the knowledge sources remained the same or with a maximum of two steps difference, indicating that sources that are more frequently used were considered to be more important. Personal experience and talking to colleagues were both significantly more important than any other knowledge sources available.

Pearson product-moment correlational coefficients (Minium, King, & Bear, 1993) between scores were calculated for: (a) frequency and importance of knowledge sources; (b) importance and methods of use; and (c) frequency and methods of use for each knowledge source. The range of results was in the high range (.60-.93).

All of the statistical procedures were conducted using the SAS System (Version 6.9 running under the MVS operation system). Data from the questionnaire were analyzed to determine the statistical significance of

Table 4
Means of Job Tasks and Sources of Knowledge

Sources of Knowledge	Importance					
	Job Task Counseling	Job Task Direct Contact with Students	Job Task Working with Parents	Job Task Gathering Information	Job Task Liaison Responsibilities	ROW MEAN
1. Continuing Education Coursework	2.607	3.261	2.957	3.618	3.500	3.2
2. Graduate Coursework	2.486	3.229	3.257	3.275	3.714	3.2
3. "How to" Books/Tapes	2.943	3.200	2.943	3.543	3.700	3.3
4. Information Retrieval	3.662	3.588	3.841	3.574	4.059	3.7
5. Inservice Training	2.420	2.457	2.634	2.826	2.657	2.4
6. On-The-Job Training	1.896	1.929	2.186	1.986	2.071	2.0
7. Personal Experience	1.457	1.543	1.563	1.826	1.629	1.6
8. Professional Journals	2.657	3.086	3.085	3.565	3.571	3.2
9. Supervisors	3.015	3.160	3.174	2.897	2.899	3.0
10. Talking to Colleagues	1.714	1.857	2.014	1.986	1.829	1.9
11. Textbooks	3.529	3.857	3.971	4.072	4.286	3.9
12. Undergraduate Coursework	3.800	3.856	4.086	4.200	4.286	4.0
13. University Practicum	3.044	3.500	3.824	3.691	3.971	3.6
14. Workshops and Conventions	2.000	2.486	2.479	2.843	2.526	2.5
COLUMN MEAN	2.7	2.9	3.0	3.1	3.2	

differences in each of the frequency, importance, and method of use ratings of knowledge sources. First, within-group differences across job tasks were analyzed using a repeated measure Analysis of Variance. A Hotteling-Lawling Trace F Statistic (Stevens, 1986) was conducted with a set probability level of .05 for each test. Subsequently, contrasts between levels of job task were generated by using ANOVA procedures. An alpha level of .05 was also established across each set of pairwise comparisons using the Bonferroni method (Hayes, 1988), resulting in an adjusted alpha level for each comparison. Results showed that Personal Experience and Talking to Colleagues were sources of knowledge that were rated significantly lower than all other tasks, indicating that both are more frequently used and more important than any other source of knowledge.

Discussion

As school counselors consider their work-site responsibilities, their two most important resources are their own experiences and the knowledge and information of their colleagues. These findings confirm the potency of experiential factors as influences on the selection of sources of knowledge. If, as Lewis and Williams (1994) proposed, "experiential learning means learning from experience or learning by doing" (p. 5), then the school counselors in the current study were highly cognizant of the potency of work environment cues as influences on job-related actions.

How, then, can traditional means of continuing education be revised to reflect these two dimensions of professional practice? Professional development activities which increase the competence of school counselors remain a key priority. Self-directed learning activities could also be designed (Piskurich, 1993) to reflect the work experiences of counselors. An alternative (Merriam, 1993) would provide counselors with the primary responsibility for a learning experience that could reflect, rather than a more broadly focused inservice program, the specific demands of the work situation. Caffarella (1993) promoted the learner as assuming "the primary responsibility for planning, carrying out, and evaluating those learning experiences" (p. 28). Hiemstra (1993), in the same edited collection, provided abundant examples of tactics by which the counselor could take responsibility for such self-directed activities.

Morine-Dershimer (1991) is convinced that there are multiple paths that educators can use to refine their professional knowledge and thought processes. Her reflection-in-action model recognizes that "teachers address problematic situations by recalling elements of similar past situations, selecting a move derived from a tentative interpretation of the present situation...and reframing or reinterpreting the situation" (p. 159). The practical argument approach that she proposed stated that "teachers' perceptions of the instructional situation, their principles of practice, and their sense of desirable outcomes all contribute to their pedagogical decisions and actions" (p. 159). Morine-Dershimer additionally casts teachers as active interpreters of their experiences within the work environment, and thus beneficiaries of experiential learning processes. Morine-Dershimer's argument would thus seem to apply equally well to the professional experiences of school counselors.

As Grabowski (1983) noted "Individuals need strong motives and incentives to use new knowledge and skills on the job" (p. 7). A formal inservice or the performance of preservice work is simply not enough to cause people to use information; there is a necessity to motivate adult learners so that they want to use any new materials. Lee and Caffarella (1994) provided a lengthy listing of methods and techniques that can involve adult learners such as

counselors in experiential learning. Spitzer (1982) provided a list of techniques that helps counselors use new knowledge such as personal action plans, group action planning, multiphase programming, the buddy system, performance aids, recognition systems, training trainees as trainers, contracting, ample access to resources, follow-up questionnaires, contacts, and group sessions.

Rosenblum (1985) noted that adults possess sophisticated insight that has developed from from their knowledge of the world of work, from the skills they have acquired, and the relationships they have developed. A logical proposal for continuing education would be to develop various forms of curriculum that would provide counselors with training that could address their priorities for professional functioning and that they could be responsible for transmitting to peers. Each school could be provided the impetus to create forms of continuing education that reflect the immediate needs of the work site and the urgencies of service delivery. Amspaugh (1993) noted the pressures facing practitioners; directing counselor preparation activities toward acknowledging pressures and helping counselors acquire the skills necessary to balance personal and professional needs would support eventual professional growth. Preservice preparation could be similarly modified to draw in experienced practitioners to highlight the daily realities of practice and the barriers that counselors face in pursuing their own career development.

Another implication from the data is the relative status of printed materials targeted at counselors; such materials are not perceived as primary sources of information. Counselors would benefit by alerting or working with developers of training materials to provide practical knowledge and theoretical understanding that coincides with the realities of the work place.

The results from this study will contribute to our understanding of the educational environment and the resources which professional school counselors find useful in working with students, parents, and colleagues. The investigators believe that both counselor trainers and school administrators can benefit from the study's findings. Trainers are urged to recognize influences on counselors within the workplace. Administrators, in their work to support the professional development of counselors, are also urged to explore means by which practitioners can collaborate with each other in the pursuit of the acquisition of knowledge and the refinement of skills. Given Knox's (1993) position on community implications of continuing professional development, the professional community serving schools could concentrate efforts for professional growth to better serve all school practitioners.

Three potential limitations of this study are also important for discussion. First, selected school counselors who provided the data were responding to a questionnaire that may not have elicited an accurate reflection of their

experiences and beliefs. Counselors were not given an opportunity to propose influential sources of knowledge other than those specified by the researchers. This was contrary to the DeMartini and Whitbeck studies that allowed participant-generated categories. Second, the study may not have addressed adequately the value of professional development activities; traditional forms of continuing education may be valued more than the data reflect. Third, the respondents may not be typical of other school counselors. The latter could be true if there were problems due to the selection of participants (every tenth name) or sampling error. In addition, response rate was low, reinforcing caution on the interpretation of data.

What implications can be drawn for Counselor Education programs? Three hypotheses seem possible: that the measure, although reflecting the same results found with other professionals (e.g. public school teachers, special education teachers and school psychologists) is not valid, does not reflect what current school counselors actually think, and will not be replicated. A second possibility is that counselor educators are not successful in teaching content which graduates find useful when asked what sources of information influence their everyday decisions, or finally that counselor education is not helpful at all to practicing professional counselors.

The first explanation seems unlikely. Although a low percentage of respondents provided usable surveys, the sample was national and showed consistent results that did not vary across geographic regions. The respondents were able to pinpoint the sources of information they found useful and important in their decisions and at the same time were able to list graduate classes and graduate education as not very useful. It is important that further research be conducted with school counselors to determine that these results are valid, and are not affected by the method of soliciting information. A replication study is needed.

There is some evidence supporting the second hypothesis. Erwin (1995) reported that no evidence existed which supported the effect of ethics classes on the behavior of professional counselors. Although ethics is just one area of content in professional education, Erwin's conclusions parallel those of the current investigation in that methodology targets "behaviors" of professionals rather than attitudes. For example, Erwin reported that ethics classes lead to sensitized students and students with greater self-confidence (Erwin, 1995) rather than changes in behaviors with clients. Surveys of school counselors which asked "what are important sources of knowledge for you" or "where were your attitudes formed about proper test administration" or "keeping secure records" might lead to results which documented graduate, professional education's impact on professional behavior.

Mussell (1997) reported that in providing classes designed to prevent eating disorders, results consistently indicate more information and changed

attitudes among recipients of education, but no visible changes in behavior. Similarly, consistency of demonstrated changes in attitudes and cognitions but not in behaviors may very well explain the findings of the current survey.

The question of the efficacy of counselor education in general, or even of all school counselor education, is one worthy of consideration. Such a general reaction to the results of this particular survey, however, seems unwarranted.

Beyond the implications for preservice preparation and continuing education, the results of the study could assist school administrators and trainers to better understand the pressures on counselors and the factors that most directly affect decision making. Such information may be useful to school districts and continuing education programs as they develop educator support systems that enhance positive influences on practice while working to remedy deficiencies in preparation and practice. The authors believe that further research is needed on how to prepare novice counselors for the initial and long-term demands of the classroom. In like manner, experienced counselors could benefit from the investigation of potential strategies for addressing demands on their time and energy. The data from this study can be viewed as supporting the need for professionals to work with school districts to develop support systems that help counselors meet their day-to-day responsibilities.

References

Amspaugh, L. B. (1993). Does anybody care? *Phi Delta Kappan, 74*(9), 714-717.

Benshoff, J. M., & Paisley, P. O. (1996). The structured peer consultation model for school counselors. *Journal of Counseling and Development, 74*, 314-318.

Caffarella, R. S. (1993). Self-directed learning. In S. B. Merriam (Ed.), *An update on adult learning theory* (pp. 25-35). New Directions for Adult and Continuing Education, No. 57. San Francisco: Jossey-Bass.

Cooper, M. (1991). Stretching the limits of our vision: Staff development and the transformation of schools. In A. Lieberman & L. Miller (Eds.), *Staff development for education in the '90s: New demands, new realities, new perspectives* (pp. 83-91). New York: Counselors College Press.

DeMartini, J. R., & Whitbeck, L. B. (1986) Knowledge use as knowledge creation. *Knowledge: Creation, Diffusion, Utilization, 7*, 383-396.

DeMartini, J. R., & Whitbeck, L. B. (1987) Sources of knowledge for practice. *Journal of Applied Behavioral Science, 23*, 219-231.

Erwin, W. J. (1995). *The impact of an ethics class or practicum experience on the ability to judge moral issues*. Unpublished master's thesis, University of Iowa, Iowa City.

Freidson, E. (1986). *Professional powers: A study of the institutionalization of formal knowledge*. Chicago: University of Chicago Press.

Fullan, M. G. (1991). *The new meaning of educational change* (2nd ed.). New York: Counselors College Press.

Grabowski, S. M. (1983). How educators and trainers can ensure on-the-job performance. In S. M. Grabowski (Ed.), *Strengthening connections between education and performance* (pp. 5-10). New Directions for Continuing Education, No. 18. San Francisco: Jossey-Bass.

Grimmett, P. P. (1988) The nature of reflection and Schon's conception in perspective. In P. P. Grimmett & G. L. Erickson (Eds.), *Encouraging reflective practice in education* (pp. 5-15). New York: Counselors College Press.

Grimmett, P. P., & MacKinnon, A. M. (1992). Craft knowledge and the education of counselors. In G. Grant (Ed.), *Review of research in education 18* (pp. 385-456). Washington, D. C.: American Educational Research Association.

Hays, W. L. (1988). *Statistics* (Fourth Edition). San Francisco: Holt, Rinehart, and Winston, Inc.

Hiemstra, R. (1994). Helping learners take responsibility for self-directed activities. In R. Hiemstra & R. G. Brockett (Eds.), *Overcoming resistance to self-direction in adult learning* (pp. 81-87). New Directions for Adult and Continuing Education, No. 64. San Francisco: Jossey-Bass.

Holzner, B., & Marx, J. H. (1979) *Knowledge application: The knowledge system in society*. Boston: Allyn and Bacon.

Knox, A. B. (1993). *Strengthening adult and continuing education. A global perspective on synergistic leadership*. San Francisco: Jossey-Bass.

Lee, P., & Caffarella, R. S. (1994). Methods and techniques for engaging learners in experiential learning activities. In L. Jackson & R. S. Caffarella (Eds.), *Experiential learning: A new approach* (pp. 43-54). New Directions for Adult and Continuing Education, No. 62. San Francisco: Jossey-Bass.

Lewis, L. H., & Williams, C. J. (1994). Experiential learning: Past and present. In L. Jackson & R. S. Caffarella (Eds.), *Experiential learning: A new approach* (pp. 5-16). New Directions for Adult and Continuing Education, no. 62. San Francisco: Jossey-Bass.

Lortie, D. C. (1975). *School counselor: A sociological study*. Chicago: University of Chicago Press.

Market Data Retrieval. (1992). Shelton, CT.

McLaughlin, M. W. (1991). Enabling professional development: What have we learned? In A. Lieberman & L. Miller (Eds.), *Staff development for education in the '90s: New demands, new realities, new perspectives* (pp. 61-82). New York: Counselors College Press.

McLaughlin, M. W., & Marsh, D. D. (1979). Staff development and school change. In A. Lieberman & L. Miller (Eds.), *Staff development: New demands, new realities, new perspectives* (pp. 69-94). New York: Counselors College Press.

Merriam, S. B. (1993). Adult learning: Where have we come from? Where are we headed? In S. B. Merriam (Ed.), *An update on adult learning theory* (pp. 5-14). New Directions for Adult and Continuing Education, no. 57. San Francisco: Jossey-Bass.

Minium, E. W., King, B. M., & Bear, G. R. (1993). *Statistical reasoning in psychology and education*. (Third Edition). New York: John Wiley & Sons, Inc.

Morine-Dershimer, G. (1991). Learning to think like a counselor. *Teaching & Counselor Education, 7*, 159-168.

Mussell, M. P. & Fulkerson, J. A. (1997). *Eating disorders: Summary of risk factors*

and prevention research. Paper presented at the annual meeting of the American Psychological Association, Chicago, IL.

Paisley, P. O., & Borders, L. D. (1995). School counseling: An evolving specialty. *Journal of Counseling and Development, 74,* 150-153.

Piskurich, G. M. (1993). *Self-directed learning. A practical guide to design, development, and implementation.* San Francisco: Jossey-Bass.

Rosenblum, S. H. (1985). The adult's role in educational planning. In S. H. Rosenblum (Ed.), *Involving adults in the educational process* (pp. 13-25). New Directions for Continuing Education, No. 26. San Francisco: Jossey-Bass.

Russell, T., Munby, H., Spafford, C., & Johnston, P. (1988) Learning the professional knowledge of teaching: Metaphors, puzzles, and the theory-practice relationship. In P. P. Grimmett & G. L. Erickson (Eds.), *Reflection in counselor education* (pp. 67-89). New York: Counselors College Press.

Sarason, S. B., Davidson, K. S., & Blatt, B. (1986). *The preparation of counselors—An unstudied problem in education* (revised edition). Cambridge, MA: Brookline.

Schon, D. A. (1983) *The reflective practitioner: How professionals think in action.* New York: Basic Books.

Schon, D. A. (1988) *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.* San Francisco: Jossey-Bass.

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling and Development, 70,* 505-515.

Spitzer, D. R. (1982). But will they use training on the job? *Training/HRD, 19*(9), 48, 105.

Stevens, J. (1986). *Applied multivariate statistics for the social sciences.* Hillsdale, NJ: Erlbaum.

Wilkins, P. (1997). *Personal and professional development for counsellors.* London: Sage.

Yinger, R. J. (1990) The conversation of practice: In R. T. Clift, W. R. Houston, & M. C. Pugach (Eds.), *Encouraging reflective practice in education* (pp. 73-94). New York: Counselors College Press.

Ziman, J. (1987) *Knowing everything about nothing: Specialization and change in scientific careers.* New York: Cambridge University Press.

Stewart W. Ehly is a professor in the Division of Psychological and Quantitative Foundations at The University of Iowa. Address correspondence to 360 Lindquist Center, The University of Iowa, Iowa City, IA 52242. Email correspondence to stewart-ehly@uiowa.edu **Richard Dustin** is a professor in the Division of Counseling, Rehabilitation, and Student Development at The University of Iowa. Mailing address: N338 A Lindquist Center, The University of Iowa, IA 52241 Email correspondence to richard-dustin@uiowa.edu Correspondence regarding this article should be sent to Stewart W. Ehly, Ph.D. at the above address.

"The beliefs, which have led you to where you are today, are not the same as those that will lead you where you wish to go tomorrow."

—Albert Einstein

Does Your Library Subscribe?

We ask members of our association and other interested parties to request libraries, especially those that offer graduate programs in counseling and development, to order *The Journal for the Professional Counselor*. It is presently indexed by ERIC/CASS. The research and practical information published twice a year should be available in all libraries for students, practitioners and educators to use. Non-members can also receive their personal copies by subscribing. The rate is twenty dollars ($20.00) per year. Use the order forms below.

Library/Institution Order Form

(tear off and send to your librarian or administrator)

Name of Recommender

Department

Institution

Address

City State Zip

Please enter our subscription to *The Journal for the Professional Counselor* at the rate of $20.00 per year.

Make check payable and mail to:
New York State Counseling Association, Inc.
PO Box 12636
Albany, NY 12212-2636
518-235-2026

Personal Order Form

Name

Address

City State Zip

Please enter my subscription to *The Journal for the Professional Counselor* at the rate of $20.00 per year.

Make check payable and mail to:
New York State Counseling Association, Inc.
PO Box 12636
Albany, NY 12212-2636
518-235-2026

"*If the only tool you have is a hammer, all problems look like nails.*"

—Mark Twain

Guidelines for Authors

The Journal for the Professional Counselor is a professional, refereed journal dedicated to the study and development of the counseling profession. The Editor invites articles which address the interests of counselors in school, college, and agency settings and which deal with current professional issues, theory, scientific research, and innovative programs and practices.

Generally, authors may expect a decision regarding a manuscript within 2 months of acknowledgment of receipt. Following are guidelines for developing and submitting a manuscript.

Specific Requirements

1. Manuscripts should not exceed 20 pages.

2. Manuscripts should be typewritten, double-spaced (including references and extensive quotations) on 8½" x 11" nontranslucent white bond with 1 1/2" margins on all sides.

3. The title page should include two elements: title, and author and affiliation. Identify the title page with a running head and the number 1 typed in the upper right-hand corner of the page.

4. Begin the abstract on a new page, and identify the abstract page with the running head and the number 2 typed in the upper right-hand corner of the page. The abstract should be approximately 125 words.

5. Begin the text on a new page and identify the first text page with a running head and the number 3 typed in the upper right-hand corner of the page. Type the title of the text centered at the top of the page, double-spaced, and then type the text. Each following page of text should carry the running head and page number.

6. Reference style should be that of the *Publication Manual of the American Psychological Association, Fourth Edition.*

7. Authors should avoid the use of the generic masculine pronouns and other sexist terminology. See "Gender Equity Guidelines" available from the American Counseling Association (ACA).

8. Once a manuscript has been accepted for publication, **authors must provide two hard copies of the manuscript in its final version as well as a copy on a microcomputer floppy diskette of 3 1/2" which is IBM or IBM compatible.** Disks are not to be submitted until requested. The disk must be clearly labeled with the name(s) of the author(s) and the hardware and software program in which it was written.

9. Manuscripts will be selected on the basis of a blind review. Two or three months should be allowed between acknowledgment of receipt of a manuscript and notification of its disposition. All manuscripts become the property of the *Journal* and will not be considered by NYCA if currently under consideration by other publications.

10. Three copies of the manuscripts should be mailed to: Eugene Goldin, Ed.D., Editor, *The Journal for the Professional Counselor*, 154 Luquer Rd., Port Washington, New York 11050; Telephone: 516-883-0364.

The Journal for the Professional Counselor *Fall 1998*

New York Counseling Association, Inc.
PO Box 12636, Albany, NY 12212-2636

Non-Profit Org.
U.S. POSTAGE
PAID
Albany, NY
Permit No. 84

The Journal for the Professional Counselor

invites practitioners, educators and students to submit research articles, book reviews, program descriptions, case studies, and theoretical papers.

Please see Guidelines for Authors.

93

The Journal for The Professional Counselor

Volume 13, Number 2 Fall 1998

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

A.S. McGowan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Editor:
Eugene Goldin

BEST COPY AVAILABLE

The NYCA Branch Journal of the American Counseling Association

CG028566

94

The Journal for the Professional Counselor (ISSN 1080-6385) is a biannual publication for professional counselors. It is an official, refereed branch journal of the American Counseling Association, published by the New York Counseling Association, Inc. and is indexed by ERIC/CASS.

Editor
Eugene Goldin
Assistant Professor
Department of Counseling
and Development
CW Post Campus
Long Island University
Brookville, New York 11548

Editorial Review Board

Marie A. Carrese *(1997-2000)*
Associate Professor/Student Development Counseling
York College
City University of New York
Jamaica, NY

Jean M. Casey *(1997-2000)*
Associate Professor
Counseling and Psychological Services Department
State University of New York
Oswego, New York

John D. Cerio *(1997-2000)*
Associate Professor of School Psychology
Alfred University
Alfred, New York

Marjorie S. Demshock *(1998-2001)*
Private Practice
East Northport and Bay Shore, New York

Kim C. Francis *(1997-2000)*
Director of Counseling
Department of Educational Services
City University of New York
Brooklyn, NY

Mitchell A. Levy *(1998-2001)*
Director of Student Development
Passaic County Community College
Patterson, New Jersey

Diane Massimo *(1997-2000)*
Coordinator of Guidance & Counseling
New Rochelle High School
New Rochelle, New York

Rose M. Pirillo *(1997-2000)*
School Counselor
Durgee Jr. High School
Baldwinsville, New York

Judith Ritterman *(1998-2001)*
Private Practice
Holbrook, New York

Alan Robertson *(1997-2000)*
NY Education Department-Retired
Delmar, New York

Armin L. Schadt *(1997-2000)*
Community Mental Health Counselor
Professor
Department of Curriculum & Instruction
Long Island University
Brookville, New York

Brett N. Steenbarger *(1997-2000)*
Assistant Professor, Dept. of Psychiatry & Behavioral Science/
Director, Student Counseling
SUNY Health Science Center
Syracuse, New York

Manuscripts: See Inside Back Cover for Guidelines for Authors and address for manuscript submission. Manuscripts are welcomed from students, practitioners and educators in the field of counseling.

Advertising: For information, contact NYCA Office (518) 235-2026. Advertising will be accepted for its value, interest, or professional application for NYCA members. The publication of any advertisement by NYCA is an endorsement neither of the advertiser nor of the products or services advertised. NYCA is not responsible for any claims made in an advertisement. Advertisers may not, without prior consent, incorporate in a subsequent advertisement the fact that a product or service has been advertised in a NYCA publication.

Subscriptions: Membership in the New York Counseling Association, Inc. includes a subscription to the *Journal*. Requests for additional copies of the *Journal* will be filled when available for $10.00 each. Send requests to New York Counseling Association, Inc., PO Box 12636, Albany, NY 12212-2636.

Permission: Permission must be requested in writing from the Editor for reproducing more than 500 words of the *Journal* material.

Cover Design and Graphics: Marian Kearney McGowan, Director of Admissions and Recruitment, New York Medical College, Graduate School of Health Sciences, Valhalla, NY

Fall 1998 *Volume 13, Number 2*

The Journal for the Professional Counselor

Contents

Message From the President
Clayton Reaser 3
From the Editor
Editing the Journal for the Professional Counselor
Eugene Goldin 5

Articles
Child Abuse Reporting: The Clinician's Dilemma
Maureen C. Kenny 7

New York State Mental Hygiene Regulation Changes: Impact Upon Counselor Status Enhancement
Richard L. Schnell 17

Arguments Against the Counselor's Loss: Have You Caged a Raven?
Cheryl M. Milde and Rebecca A. Humphrey 33

Supervision: An Essential Multicultural Training Tool
Cheryl C. Holcomb-McCoy 43

Research
Indicators of Sexual Abuse: A School Based Perspective
D. Andrew Creamer 57

Counseling Students' Perspectives on Training in Diversity Issues
Lorraine J. Guth, J. Michael Tyler, Kelly McDonnell, and Danielle Lingle 69

Ordinal Position and the Myers-Briggs Type Indicator
Terry Bordan and Marjorie S. Demshock 81

Guidelines for Authors ..... inside back cover

"*People often say that this or that person has not yet found himself [sic]. But the self is not something one finds, it is something one creates.*"

—THOMAS SZASZ

Message From the President

Clayton Reaser

Recent issues of the Journal for the Professional Counselor (*JPC*) have included editorial comments on the New York Counseling Association's commitment to licensure for counselors. To date, licensure for counselors in New York remains a goal yet to be attained.

Underlying the frustration in our current efforts to establish licensure for counselors in New York State is this issue: too many people do not know who we are as counselors. Despite three decades of efforts to increase public and political awareness about the counseling profession - the extent of our training, and how we help individuals throughout the life-span lead healthier and more productive lives - the "invisibility" of professional counseling continues as a problem, not only for us, but also for all those men, women, and children who would benefit from our services.

A stronger "voice" is required. One way to increase public awareness is to extend the circulation of the *JPC*. Recognized again last year by the American Counseling Association (ACA) as the best journal produced by a state branch of the ACA, the quality of this publication warrants our best efforts, as readers and contributors, to make it more widely available to colleagues, students, legislators, local libraries, and interested clients.

Increasing public awareness of our work as professional counselors is the responsibility of each one of us who practices counseling. Make use of the *JPC* when you conduct informational meetings, give presentations, teach a class, do research, or meet with other counselors who are not NYCA members.

Congratualtions to the *JPC's* editor, Eugene Goldin, and the Editorial Review Board, for their good work in helping to strengthen the voice of our counseling profession!

"Humor is emotional chaos remembered in tranquillity."

—JAMES THURBER

From The Editor: Editing the *Journal for the Professional Counselor*

Eugene Goldin

Editing the *Journal for the Professional Counselor* (*JPC*) has been one of the most exciting professional responsibilities I have ever held. Each week I have received the creative work of counselors from all over the world. Written, internet and telephone communications occur daily between my office and the dedicated professionals who serve as members of the *Journal's* Editorial Review Board. It is their feedback that largely determines which manuscripts are accepted or rejected for publication. In effect, they help sculpt accepted manuscripts into high quality professional articles. They form the backbone of the *JPC*.

I have reviewed each issue of the *JPC* for the past five years and will share some observations. First, two extremely topical special issues, one on "Systems Theory" and the other on "School Counseling," have been presented. Second, several "Guest Articles" from recognized leaders in the field have appeared. Third, the *JPC* has provided a vehicle for the presidents of the New York Counseling Association (*NYCA*) to address issues of importance to the membership. Fourth, the latest research findings have been consistently published. Finally, articles have been published that detail innovative approaches of counselor training and practice as well as the provision of counseling services to diverse clientele.

In this issue, the array of professionally relevant topics continue. For example, Clayton Reasor, the President of *NYCA* shares his thoughts about the *Journal* as well as the important challenges facing our profession today. Also appearing are articles pertaining to child abuse reporting, current counselor regulation in New York State, the tell tale signs of one's inadvertently fostering client dependency within the counseling relationship, and a description of innovative methods of increasing supervisee competence in multicultural counseling. Furthermore, research articles are presented covering such different topics as school based indices of sexual abuse, counseling

student perceptions of multicultural training, and the relationship between ordinal position and Myers-Briggs scores.

Under the heading of things to look forward to is the Spring '99 issue of the *JPC*. This is because it will be a special issue devoted to "Play Therapy" guest edited by Dr. John Cerio of Alfred University. A member of our Editorial Review Board, Dr. Cerio's has published in the *JPC* as well as in numerous other professional publications. As I reach the half-way point of my tenure as Editor, I look forward to continuing the tradition of excellence that has won the *JPC* two prestigious "Best Branch Journal" Awards from the American Counseling Association since 1996.

Eugene Goldin is an assistant professor in the Department of Counseling and Development at CW Post/Long Island University, Brookville, New York 11548.

Child Abuse Reporting: The Clinician's Dilemma

Maureen C. Kenny

Child victims of abuse frequently present in mental health settings for a variety of problems. Sometimes the child is presented as a victim of abuse with subsequent emotional and behavioral problems, while other times the abuse is uncovered in the course of treatment. Inevitably every clinician has been faced with cases of child abuse. The decision to report such abuse, despite statutory mandates, is often not an easy one for clinicians. Approximately 30% of mental health professionals are noncompliant with abuse reporting laws (Kalichman, 1993). This paper will review the many perceived barriers to reporting child abuse and provide clinical guidelines for reporting such abuse. In addition, the common legal consequences for failure to report abuse are reviewed.

Given the rapid rise of the incidence of child abuse and neglect in our society, most mental health professionals have had some professional experience with the victims of child abuse or the families in which child abuse occurs. These cases are never easy to work with and often the dilemma of whether to report such abuse occurs. Frequently, counselors silently ask themselves, "Do I have to report this?". In general, mental health professionals seem torn between the legal requirement to report abuse and their own sense of professional responsibility and confidentiality to their clients.

Protecting children is a relatively recent phenomenon in our culture. The Society for the Prevention of Cruelty to Children was developed in 1884, as a branch of the Society for the Prevention of Cruelty of Animals (Kemp, 1998). As a society, it seems that we were concerned with the treatment of animals before we turned our concerns to children. On a federal level, it was not until 1935 that the United States government began to fund public welfare programs dealing with the protection and care of homeless, dependent and

neglected children (Kalichman, 1993). In the past, citizens were free to report suspected child abuse to the proper authorities, but it was not until the 1960's that mandatory reporting for certain professionals became law. Shortly after Henry Kempe, M.D. and his colleagues (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962) described the battered child syndrome, legislation on the reporting of child abuse became formalized.

The Child Abuse Prevention and Treatment Act of 1974 provides a legal definition for child abuse and neglect. It further requires that all states have mandatory reporting laws and programs which address the problems of child abuse (Kemp, 1998). Presently, there are approximately 40 different professions that are mandated to report abuse including mental health professionals in most states (Kalichman, 1993). The concept behind mandatory reporting is that maltreated children are too young, vulnerable, and frightened to seek assistance; therefore the professionals such victims come into contact with should report abuse on their behalf (Kalichman, 1993). Practitioners are mandated to report all suspected cases of abuse. That means, simply, that if any doubt exists as to whether any type of abuse has occurred, a report must be made.

The Case Against Reporting

Despite the existing statutes in all states mandating abuse reporting, some professionals may experience a dilemma regarding whether or not to report abuse (Cullar, 1997; Haas, Malouf, & Mayerson, 1986; Kalichman, 1990). Clinicians may also be quick to delineate reasons why it might be best not to report abuse, as opposed to citing the values of abuse reporting. Some professionals may be uncertain as to the truth of the child's claim, while others may worry about their relationship with the family (Bavolek, 1983; Tilden, et al., 1994). Still others may fear possible litigation or physical retaliation against themselves if they are in error. Some have argued that requiring counselors to report past abusive situations as well as present cases will have negative rather than positive social effects (Lakin, 1991; Smith & Meyer, 1984). Many believe that those who need help will be discouraged from seeking it, especially if they know they will be reported (Kavanaugh, 1988). Other clinicians fear that the family will flee from therapy or that the child will be separated from the family and placed in "worse" circumstances (i.e., foster care)(Steinberg, Levine, & Doueck, 1997; Tilden, et al., 1994). Other professionals are uncomfortable reporting suspected abuse and feel they need more information before filing a report (Kalichman, 1993; Kalichman, Craig, & Follingstad, 1988). Still others state that they "let it go" the first time, but firmly warn the family that if it happens again, a report will be made.

Guidelines for Handling Abuse Reporting

Counselors' fear that families will become angry and flee therapy, although an understandable one, is easily handled with some planning. One of the best ways to avoid such a reaction from family members is to explain the principle of confidentiality and its limits at the outset of the treatment. Clinicians need to make sure that children and their families understand that abuse is one of those instances in which confidentiality must be broken. It seems natural that a family would get upset about breach of confidentiality when reporting abuse, if they had not been informed of this from the outset. Furthermore, counselors must often reframe their sense of betrayal to the family to themselves. They must remember that they act in their legal responsibility as protectors of the child and as assistants in helping the family obtain needed services.

At the outset of treatment, the counselor needs to provide information on the breaching of confidentiality both verbally and in a written format. Explaining to a child such a concept can be difficult. One way to define confidentiality is to say, "Everything we talk about in here will stay between you and me. You can tell other people about it if you want, but I can not. There may be times when I will need to tell someone else — these are the times that I am worried about you and your safety. If I think that someone is hurting or abusing you, then I will need to get you help by telling someone else. O.K.? This is the way the law tells me to act as your helper." Explaining to children that you are breaking confidentiality because you care about them and are worried about their safety, may help alleviate some of the feelings of betrayal they may possess.

Case Example

This case illustrates the impact of not discussing the limits of confidentiality and the counselor's role as a mandatory reporter with all clients. A clinician in training was treating a middle aged man in individual therapy for long standing emotional problems. As an adjunct to the individual treatment, the clinician held a family session once a month where the client's wife and children would attend and discuss the impact of the father's problems on the family. During one of these sessions, the son revealed that his father had beat him with a stick. The mother confirmed the abuse stating that she was angry at the father for his harsh treatment of the boy. The family talked openly about the situation and the father did not deny it. The counselor informed the family that the abuse would have to be reported. The children, who were not aware of such a rule, got angry and upset. They had just been told by the counselor that they could talk about whatever they wanted in this "safe place". The

counselor failed to inform the family of the limits of this relationship. The father got very angry and left with his family. He did not return to treatment for quite some time and angrily made threats to "sue" the clinician. The counselor continued to make phone calls to the client to discuss what had happened. Eventually, after 6 months from the date of the disclosure, he returned to treatment.

Although counselors commonly fear that families will flee from therapy if an abuse report is made, research has shown that in most cases (75%), families do not terminate treatment after the abuse has been disclosed (Steinberg, et al., 1997). Counselors need to make it clear to families that although the abuse must be reported, the therapeutic work can continue. For example, "Mr. Smith, I am mandated by law to report what you have done to your son, but that does not mean I do not want to continue to work with you. I think we can work on other ways for you to deal with your frustration over his grades. I can also help you learn more effective means of discipline." Explained in this manner, caretakers can realize that you are responding to a legal mandate, and wish to continue to work with them. Often times, therapy is an intervention that is offered to the family by the child protective services that intercede. Clients can often opt to continue working with the counselor with whom they have already established a relationship.

Many practitioners possess a sense of denial that child abuse exists, especially in the cases with whom they may be working (Tilden, et al., 1994). They may believe that abuse occurs only in "certain" families (i.e. lower socioeconomic levels, minority groups, etc.). In fact, cases of child abuse are documented in all races, ethnicities and social classes(Lindhom & Wiley, 1986; Pierce & Pierce, 1984; Rao, DiCLemente & Ponton, 1992). It is important for counselors to examine their own beliefs about abuse and begin to believe that it can occur in any family.

Case Example

This case demonstrates that clinicians must be open to the possibility of abuse occurring in all families. Counselors may be shocked when they discover that a family they have been working with is guilty of child abuse. When Ms. Pearse first contacted me (author) about her child, Jim age 8, she expressed concern about her son's depressed mood and social isolation. For the first session, she and her husband arrived with her son. I was happily surprised to see her husband, as frequently only one parent will bring a child to treatment. During the interview, they both expressed their love for their son verbally and demonstratively. It was almost heart breaking to hear the father say, "I love Jim, I would do anything for him. I just want to see him happy". In the course of treatment, Jim revealed that his father sometimes hit him with

a "piece of wood". I inquired further and he replied, "A paddle, don't you know what a paddle is?". It was then that I realized that this would have to be reported. I told the boy what I had to do, and we brought the father into the session. I explained to him my role as a mandatory reporter. The father seemed confused at first, stating that he had been hit as a boy by his father and no reports were ever made. I told him that they should have been. When alone with the father, I discussed with him other ways that he could discipline his son (i.e. time out, removal of privileges) and he seemed receptive. He kept saying he did not know that what he was doing was wrong and that he would get rid of the paddle immediately. The family continued in treatment and in the next session described how they threw the paddle in the trash.

The belief that the child will be placed in "worse" conditions is simply not valid. Relatively few children are removed from their home due to abuse. Further, child protective agencies desire to keep the family together or work towards reunification if the family is separated. This is due to the general shortage of foster homes in which to place abused children. But if the child is removed from the home, clinicians must remember that it is for the child's own safety and protection. In those cases, child protective workers have deemed the home environment to be imminently harmful. Often, a child is placed with a relative of the family, and as soon as therapeutically feasible, the child is returned to the parents.

Case Example

This case demonstrates the benefit of reporting for the safety of the child. A student I supervised described a situation of child abuse which was not clear cut. The client, being treated by the student, described neglectful acts of a child (18 month old) by her step-daughter in- law. Every time the client visited, the child appeared to be poorly cared for and unkempt. The client did not witness any physical signs of abuse, but there was usually no food present for the baby and the baby would often smell of urine or feces. Also, the mother of the child told the client of instances where she had left the child unattended for brief periods of time when she needed to go out. So the dilemma of whether to report began for this student counselor. Following my advice initially in supervision, the counselor encouraged the client to report the abuse. However, the client stated she did not want to cause any trouble, yet she continued to use her therapy hours to describe the situation of this baby. The counselor was told to report the neglect and when she did, she found out that there had been several other reports to child and family services. About one week later, she was contacted by the protective investigator who informed her that during the investigation, it was determined that in fact the child was being neglected and that the mother, a prostitute, has been leaving

the child alone at night when at work. The mother was involuntarily hospitalized due to severe psychological problems and the child was placed with the maternal grandmother for safety.

Once the decision to report abuse is made, counselors need to remain empathic and supportive to the family members. Remember, you are not telling on the family, but rather telling to help protect the child and get the family help. One way to do this is to express your concern to the family and child. For example, "I am concerned that John may get injured again this weekend. I know that you are frustrated and do not know what to do with him when he disobeys you and the rules of the house. I think I can help you learn other ways of dealing with him, but by law I must report what has happened". It is best not to rush immediately and report the abuse, but rather to take some time and talk about it with the family. Ultimately, the report will be made (most states mandate within 24 hours after disclosure), but through listening and talking, the therapeutic relationship will continue to strengthen. The report of abuse is just the beginning. Dealing with the child protective agencies can be frustrating for the clients and the support of the counselor will be needed throughout the process.

Counselors must be careful not let their own feelings affect the relationship with the client, such as feelings of anger toward their clients for being abusive. When discussing the abuse, counselors should not become judgmental or critical. Instead, the counselor needs to emphasis the parent's love for the child and say, "I know how much you love Johnny and I know you don't want to hurt him. When you hit him that hurts him both physically and emotionally. I would like to help you work on other ways to show him you love him". Letting clients know that you are going to help them, provides them with hope.

Often counselors feel that they must gain more information before filing an abuse report. Statutes are worded with respect to suspicion in order that the counselor does not have to play the role of protective investigator. The clinician's job is to make the report, the appropriate social service agency will determine if the abuse is founded or not. By waiting to gather more convincing evidence, you may be placing the child in risk. Additionally, if a counselor begins an investigation in the therapy, the process of the therapeutic relationship and the counselor's role has changed.

The desire to let an incident of abuse go unreported and provide the family with a warning is another manner in which clinicians try to balance their dilemma of reporting. Telling a family that this is just the first violation, not only breaks the law, but lets the family know that you do not abide by it. If a child discloses abuse to the counselor, and the counselor then gives the warning to the parents, the counselor is in effect, letting the child know that

there is no protection. This is especially damaging to the therapeutic relationship if the counselor has previously told the child that a report would be made in such instances. The child may have unconsciously hoped that the counselor would report and save him from further abuse. This hope is now shattered. In addition, this "threat" to parents that the next incident will be reported is confusing and sends a mixed message.

Case Example

This case demonstrates how the therapeutic relationship may be damaged from the lack of disclosure. An adolescent was being treated in both family and individual therapy by a student in training. The adolescent revealed in a session that his father had been physically abusive to him. The father had found out that the boy was using marijuana and got angry. According to both the boy and the mother, the father took an electrical cord and beat the boy. The boy voluntarily pulled up his shirt to reveal his back which was covered with marks and bruises. The counselor discussed the incident with the family and told the father that this was not acceptable behavior. The father looked sheepish but remained angry at the son. The mother expressed her anger at the father and her concern that he might do this again. The counselor said that if the abuse happened again, he would report it. The counselor continued to see the child individually for some months, although the boy became rather resistant in the treatment. He would not speak as much and seemed to have an "attitude". The counselor spoke with the mother about the boy and she stated that she did not think he was getting much out of the sessions given his refusal to speak. She also stated that she did not think the treatment was working because the father had not really changed. The family decided not to continue in treatment.

In all instances, it is important to tell clients that you are going to report the abuse. If you do not inform them and make the report behind their backs, you are modeling dishonesty and keeping "secrets". Honesty is one of the cornerstones of the therapeutic relationship. If you do not tell the client they may become suspicious, once the investigators show up at their home. Mental health professionals need to send the message to parents that such abusive acts are not "O.K." However, in cases where you fear the client (the perpetrator) may become violent with you, you may wait to inform him/her later, over the phone or perhaps in the presence of another counselor. In some instances, it may be best to get the clients to report the abuse, but as a mandated reporter, you must still do so.

Legal Aspects of Reporting

Professionals who are required to report suspected abuse are protected from liabilities associated with reporting (Kalichman, 1993). These professionals are shielded from both civil and criminal liability when the reports are filed in good faith and if there is an absence of malicious intent. This immunity is granted regardless of the outcome of the abuse report (i.e., if the abuse report is found to be unsubstantiated) (Kalichman, 1993). The Federal Child Abuse Prevention and Treatment Act (National Center on Child Abuse and Neglect (NCCAN), 1979) states "immunity for persons reporting instances of child abuse and neglect from prosecution, under any state or local law, arising out of such reporting" (p. 10). Immunity is granted with the intent of alleviating the concern that reporters may have about being held liable for reporting suspicions. This protects all reporters except those with an ulterior motive such as to punish or harass the parents in some way (Orton, 1997)

Mental health professionals need to keep in mind that failure to report child abuse is breaking the law and that mandatory reporting is a legal and ethical requirement. Some states require reporting of past instances of abuse as well (Lakin, 1991). In many states, failure to report abuse is a misdemeanor and may carry the penalty of a fine and possible jail time (Kalichman, 1993). Additionally, clinicians may face the threat of revocation or suspension of their licenses (Smith & Meyer, 1984) Failure to report abuse can also leave the practitioner civilly and/or criminally liable (Lakin, 1991). There is the strong possibility of future civil suits by victims or their families who may sue a practitioner who has failed to report abuse for malpractice (Kalichman, 1993).

Professionals who have been held accountable for failure to report have historically been mandated reporters who had knowledge, not just suspicion of the abuse (Kalichman, 1993). There are several documented cases of practitioners who have been arrested for failure to report suspected abuse (Kalichman, 1993). Criminal penalties for willful failure to report suspected abuse are instituted in all but 6 states (Fisher, Schimmel, & Kelly, 1991). The penalties can include a 5 day to 1 year jail sentence, and/or a fine of $10 to $1000 (Fischer, et al., 1991). In Florida, for example, the failure to report suspected abuse by a mandated reporter is a second degree misdemeanor and is punishable by up to 2 months in jail and up to a $500 fine (Fla. Stat. Ann. S.§ 775.082 - 775.083). Prosecution of practitioners who fail to report abuse is a real concern.

In addition to these penalties, the decision to not report abuse, carries with it the distinct possibility that the abuse will continue. This failure to report may ruin the child's life and increases the likelihood that the abuse may continue in future generations. Untreated victims may become the perpetrators of tomorrow's children (Orton, 1997).

Conclusions

Given that over 2 million reports of alleged child abuse and neglect were made in the United States in 1996 (U.S. Department of Health & Human Services, 1998), it is likely that counselors are in contact with such children and their families. Professionals were initially made mandated reporters as a means to help protect children. Despite legal and ethical standards, many counselors are often unlikely to report abuse when they perceive it as an ethical dilemma. Counselors are frequently torn between their duty to report abuse to the authorities and their desire to maintain confidentiality and trust with the family. This article has provided guidelines for counselors working with such families.

Counselors must remember that the welfare of their minor clients is potentially at risk in situations of suspected abuse, and a report must be made. Reporting suspected child abuse is not only a legal requirement, but sets firm boundaries for parents of what is acceptable behavior. Clearly discussing with the family at the outset of treatment, the mandate to report abuse can help assuage problems if abuse is uncovered in the process of treatment. Remaining empathic and continuing to work with the family toward stopping the abuse, after the report has been made will help to sustain the therapeutic relationship. Failure to report such abuse can result in legal fines, possible jail time, suspension from a professional agency and potential civil suits by families. Minor clients are best served by counselors who are familiar with reporting laws, work towards protecting the child from possible abuse and assisting the family in obtaining needed help.

References

Bavolek, S (1983). Why aren't school personnel reporting child abuse in Wisconsin? *TEASE*, 33-38.

Cullar, W. (1997). *The Florida education handbook*. Tallahassee, Florida: CMD.

Haas, L., Malouf, J., & Mayerson, N. (1986). Ethical dilemmas in psychological practice: Results of a national survey. *Professional Psychology: Research and Practice*, 17, 316-321.

Finlayson, L., & Koocher, G. (1991). Professional judgement and child abuse reporting in sexual abuse cases. *Professional Psychology: Research and Practice*, 27(6), 464-472.

Fischer, L., Schimmel, D., & Kelly, C. (1991). *Teachers and the law*. (3rd ed.). New York: Longman.

Fla. Stat. Ann. 775.082, 775.083. (West 1992).

Kalichman, S. (1990). Reporting laws, confidentiality, and clinical judgement: Reply to Ansell and Ross. *American Psychologist*, 45, 1273.

Kalichman, S. (1993). *Mandated reporting of suspected child abuse: Ethics, law and policy*. Washington, D.C. : American Psychological Association.

Kalichman, S., Craig, M. & Follingstad, D. R. (1988). Mental health professionals

Kalichman, S., Craig, M. & Follingstad, D. R. (1988). Mental health professionals and suspected cases of child abuse: AN investigation of factors influencing reporting. *Community Mental Health Journal*, 24, 43-51.

Kavanaugh, P. B. (1988). Reporting cases of suspected child abuse. *The Independent Practitioner*, 8, 22.

Kemp, A. (1998). *Abuse in the family: An introduction*. Pacific Grove: CA: Brooks Cole.

Kempe, C. H., Silverman, F. N., Steele, B.F., Droegemueller,W. & Silver, H. (1962) The battered child syndrome. *Journal of the American Medical Association*, 181(1), 17-24.

Lakin, M. (1991). *Coping with Ethical Dilemmas in Psychotherapy*. New York: Pergamon Press.

Lindholm, K., & Wiley, R (1986). Ethnic differences in child abuse and neglect. *Hispanic Journal of Behavioral Sciences*, 8(2), 111-125.

National Center on Child Abuse and Neglect (1979). *Child abuse and neglect: State reporting laws*.

Orton ,G. (1997). *Strategies for counseling with children and their parents*. Pacific Grove CA: Brook s/Cole.

Pierce, L., & Pierce, R. (1984). Race as a factor in the sexual abuse of children. *Social Work Research and Abstracts*, 20, 9-14.

Rao, K., DiClemente, R., & Ponton, L. (1992). Child sexual abuse of Asians compared with other populations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31(5), 880-886.

Smith, S. & Meyer, R. (1984). Child abuse reporting laws and psychotherapy: A time for reconsideration. *International Journal of Law and Psychiatry*, 7, 351-366.

Steinberg, K., Levine, M., & Doueck, H. (1997). Effects of legally mandated child-abuse reports on the therapeutic relationship: A survey of psychotherapists. *American Journal of Orthopsychiatry*, 67(1), 112-122.

Tilden, V., Schmidt, T., Limandri, B. Chiodo, G., Garland, M., & Loveless, P. (1994). Factors that influence clinician's assessment and management of family violence. *American Journal of Public Health*, 84(4), 628-633.

U.S. Department of Health and Human Services (1998). *Children's Bureau, Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System* Washington, D.C.: U.S. Government Printing Office.

Maureen C. Kenny, is an assistant professor in the Department of Educational Psychology and Special Education at Florida International University. Correspondence regarding this article should be sent to Maureen Kenny, Ph.D., Department of Educational Psychology and Special Education, Community Mental Health Counseling, ZEB238B, University Park, Miami, Florida 33199.

New York State Mental Hygiene Regulation Changes: Impact Upon Counselor Status Enhancement

Richard L. Schnell

Recent changes and proposed modifications in New York State mental hygiene regulations are reviewed and considered from the perspective of professional counselor status enhancement and increased clinical practice opportunities. The relationship of state mental health, alcoholism and substance abuse regulations are discussed in relation to counselor licensure and certification. The impact of such regulatory change upon mental health counselors, addictions counselors, community counselors, future graduates and counselor educators is explored.

Counselor licensure is not the sole means by which states regulate the practice of clinical counseling services. In the community mental health field, state regulated clinical domains include mental health, mental retardation/developmental disability, alcoholism and substance abuse treatment services. In New York, state licensed services constitute a preponderance of local and regional community mental health, mental retardation, alcoholism and substance abuse treatment services. Although not always a requirement, New York desires these services to be licensed thereby insuring that minimal standards are satisfied in protecting its consumers (New York State Office of Alcoholism and Substance Abuse Services [OASAS], 1998). The majority of community services licensed under mental hygiene regulations are not state agency services, but rather are (a) county agencies or departments, (b) not-for-profit agencies, and (c) proprietary organizations.

This article examines the nature of New York State mental hygiene regulations as they pertain to the practice of mental health, addictions and community counseling. Counselor status, employment opportunities and clinical supervision as regulated by mental hygiene regulations are reviewed. Two thrusts of counselor initiated advocacy in changing (a) state mental health and (b) alcoholism and substance abuse services regulations are described.

A review of the counseling literature reveals that most articles on the legal regulation of clinical practice focus on a counselor licensure perspective emphasizing model legislation (Bloom et al., 1990) and licensure overviews and updates (Bordan and Ritterman, 1996; Cottingham and Swanson, 1976; Goldin, 1997a; Ritterman, 1997, 1998; Ritterman and Valentino,1998). Roberts, Schmidt and Blaine (1994) described the process of Arkansas's licensure law's adoption, while Geisler (1995) examined the initial impact of Michigan's licensure law and reported on licensee characteristics. Bordan and Ritterman (1996) and Throckmorton (1992) expanded the discussion by identifying the importance of insurance law and third party payment regulation for counselors. Brooks and Gerstein (1990) and Goldin (1997b) reported on interprofessional collaboration and cooperation related to the development, passage and implementation of counselor licensure. Cornwall (1994) and Taylor (1992) addressed mental health regulations in terms of how they hinder or promote clinical practice. Surles, Blanch and Shepardson (1992) discussed mental health regulations as public mental health policy and financing instruments for system reform. Surles et al. (1992) specifically examine New York State mental hygiene regulations. Except for Roark (1997) and Schnell's (1997a, 1997b, 1997c, 1998) discussions in association newsletters, no articles in the counseling and mental health counseling literature address professional counseling practice and its relationship to New York State mental hygiene regulations.

New York State Mental Hygiene Regulations

Since the enactment of New York State's recodified mental hygiene law in 1972, state agencies have increasingly regulated mental health and health professionals' clinical practice through statutory-enabled regulation (New York State Mental Hygiene Law [NYSMHL], Part 853.4, New York State Office of Alcoholism and Substance Abuse Services [OASAS], 1997; NYSMHL, Part 587.4, New York State Office of Mental Health [OMH], 1986; NYSMHL, Part 595.4, OMH, 1987). New York State mental hygiene regulations define mental health, addictions, and health professions' clinical practice yet these remain different and distinct from professional licensure or certification regulations. Since mental hygiene regulation recodification, professional

counselors have been ignored. However, in 1997, after a twenty year hiatus, significant changes including counselors were promulgated in state mental hygiene regulations resulting in opportunities for counselors and enhanced status (Schnell, 1997b).

In New York State two forms of licensing clinical practice are licensing professions under education law and licensing programs and services under mental hygiene law. Both forms of regulation are important dimensions of the public practice of counseling. Three areas of New York State mental hygiene regulations designed to protect the public interest are: (a) program licensure; (b) financing mechanisms; and (c) patient/client rights and safeguards. The focus of this article is upon mental hygiene regulations, and how program licensure regulations impact certified counselors' (a) status; (b) staffing and employment opportunities, and (c) supervisory capacities.

Program Licensure, Staffing, Employment Opportunities, and Professional Status

Professional status and employment opportunity implications related to state mental hygiene regulations are enormous. For example, under mental hygiene regulations New York licenses more than 1,200 alcoholism and substance abuse treatment programs and 400 prevention programs (NYSOASAS, 1998). On any given day there are over 123,000 individuals in the state addictions treatment system (NYSOASAS). Historically, alcoholism and substance abuse treatment services have been major placement sites for graduate counseling interns and employers of professional counselors. Furthermore, during 1996 Office of Mental Health licensed programs provided services to over 600,000 individuals (Stone, 1997). In New York, mental health, mental retardation, alcoholism and substance abuse treatment agencies and services constitute major public practice opportunities for counselors and recent graduates, and all are subject to mental hygiene program licensure, staffing and client rights regulations.

While state licensure, title protection and scope of practice are arguably the most important regulatory issues for counselors, many certified counselors are not aware of, or misunderstand how state mental hygiene regulations directly effect professional counselor status, staffing and supervisory capabilities. For example, one of the ways in which mental hygiene regulations protect the public is by defining staffing specifications, i.e. which professions are identified to practice in state licensed programs. In the alcoholism and substance abuse treatment fields, licensed psychologists and certified social workers are written into the "professional designations" enabling them to practice under Part 853 (NYSOASAS, 1997) in licensed programs. New York

State's Office of Alcoholism and Substance Abuse Services (OASAS) regulates title designation, staffing requirements, and licensure standards in the alcoholism and substance abuse treatment and prevention services, while the state's Office of Mental Health (OMH) regulates title designation, staffing requirements, and licensure standards in mental health programs. Because a profession's viability is in large measure effected by these regulations, it is important for counselor clinicians to know regulation standards, how they shape counselor hiring opportunities, and how professional status is shaped in New York. Furthermore, mental hygiene regulations are specifically intended as instruments of public policy and professions regulation in New York State (Surles et al, 1992).

New York State Mental Hygiene Law and State Mental Hygiene Regulations

It is under New York State Mental Hygiene Law's auspices that mental hygiene regulations are written, and once approved by the governor and promulgated, are enacted. In New York a profession's range of clinical practice is not determined solely by professional licensure. Once approved by the governor, New York State regulations, as promulgated by state agency commissioners, also have the effect of law. What this legal practice means is that state agency regulations are enacted under a legislatively determined authority, typically a state agency, and once promulgated, function as law. Consequently, modification of state mental hygiene clinical practice regulations accomplish some of the same outcomes as professional licensure such as the right to practice in state licensed programs. Incorporating into mental hygiene staffing regulations the clinical practice of such groups as certified clinical mental health counselors (CCMHCs), addictions counselors (MAC), certified rehabilitation counselors (CRCs) and qualified national certified counselors (NCCs) can be viewed as crucial for the continuing vitality of these professional groups.

To a considerable extent state regulations can determine where, when, and how professional counselors including CCMHCs, MACs, NCCs and CRCs can publicly practice. Because of counselors' focus upon the ongoing struggle for counselor licensure, the important arena of mental health regulations has been overlooked. Not all, but some of the gains professional counselors are seeking through licensure can be realized through state regulatory change. Moreover, much of the status diminishment professional counselors have experienced during recent years in comparison to professions such as social work are in large part due to an unintended exclusion from state regulations. The clinical counseling profession's exclusion, i.e. lack of inclusion, typically occurs in the definition sections or staffing sections in the New York State Mental Hygiene Law regulations.

The legal basis for mental health regulations having the effect of law resides in the following sections of the New York State Mental Hygiene Law:

> Sections 7.09 and 31.04 of the Mental Hygiene Law grant the Commissioner of Mental Health ("Commissioner") the power and responsibility to adopt regulations that are necessary and proper to implement matters under his or her jurisdictions and to set standards of quality and adequacy of facilities, equipment, personnel, services, records and programs for the rendition of services for the mentally ill pursuant to an operating certificate (New York State Mental Hygiene Law [NYSMHL], Part 595.2a).
>
> Sections 31.15 and 31.17 authorize the commissioner to suspend, revoke or limit any operating certificate (NYSMHL, Part 595.2b).
>
> The Commissioner of the Office of Alcoholism and Substance Abuse Services to adopt regulations necessary and proper to implement any matter under his or her jurisdiction (NYSMHL, Part 816.2a).
>
> Section 19.15 of the Mental Hygiene Law bestows upon the Commissioner of such Office the responsibility of promoting, establishing, coordinating, and conducting programs for the prevention, diagnosis, treatment, aftercare, rehabilitation, and control in the field of chemical abuse or dependence (NYSMHL, Part 816.2b).
>
> Section 19.40 of the Mental Hygiene Law authorizes the Commissioner of such Office to issue operating certificates for the provision of chemical dependence services (NYSMHL, Part 816.2c).

What does regulation of professional practice through New York State Mental Hygiene Law (NYSMHL) regulations mean, and what implications do these regulations currently have for professional counselors? In New York a helping profession's viability is determined in large measure by state agency regulations that can function separately from, or in addition to licensure or certification. Furthermore, professional practice regulated by a state agency such as the Office of Mental Health is predicated upon satisfying inclusionary profession criteria. Professions deemed to demonstrate the inclusionary profession criteria are typically accorded a "professional title and status." Three examples of such "professional titles" specified under New York mental hygiene regulations that shape hiring decisions are: qualified health professional (QHP), professional staff person (PSP), or qualified mental health staff person (QMHSP). These state mental hygiene designations (1) serve as the primary basis of hiring clinicians for New York State licensed mental health, alcoholism and substance abuse service licensed programs; (2) function to maintain a state licensed program's capacity to maintain licensure status through satisfying a requirement that of specified predominant per-

centages of QHPs, PSs, or QMHSs on staff; and (3) provide eligibility for Medicaid reimbursement for the state licensed agency based upon the established professional staff ratio. Furthermore, the ability to provide clinical supervision of clinical staff in the alcoholism and substance abuse services treatment field is not based upon a clinical masters degree such as mental health counseling or community counseling, or accompanied with national certification from a national certifying body such as the Commission on Rehabilitation Counselor Certification (CRCC) or the National Board for Certified Counselors (NBCC). In contrast, clinical supervisory responsibility is predicated upon being considered a qualified health professional: "Clinical supervision means the exercise by a qualified health professional of on-the-job teaching, training, guidance, direction and review of the patient-related activities of an alcoholism and substance abuse counselor, including monitoring the counselor's development and use of clinical knowledge and skills relevant to the professional practice of chemical dependence counseling" (NYSMHL, Part 853.4(l), 1997).

For certified counselors engaged in public practice (i.e. working in county or non-profit community mental health agencies) mental hygiene regulatory definitions have compromised their breadth of clinical practice during the past decade. Managed care practices have further underscored the importance of being included as an "approved" helping profession in mental hygiene regulations. Consequently, as a result of exclusions from regulations, counselors have witnessed their professional status decrease, their employment possibilities diminish, their career development and supervisory opportunities evaporate. Professional counselors who satisfied clinical requirements, received graduate degrees in counseling, and pursued professional development by becoming Certified Clinical Mental Health Counselors, Master Addictions Counselors, National Certified Counselors or Certified Rehabilitation Counselors, have witnessed an eroding of their professional worth, their degrees, experience, and professional certification in New York State. By the 1990s, state clinical practice had evolved to a stage of permitting high school educated individuals without higher education preparation, neither masters nor bachelors, to be placed in positions of providing clinical supervision for masters-level, national certified counselors (NCCs) or certified rehabilitation counselors (CRCs), an intolerable situation for counselors.

Counselor Targeted Change Areas: Mental Health, Alcoholism and Substance Abuse

In 1996 the New York Board for Certified Professional Counselors was formed to represent the concerns of national certified counselors and certified rehabilitation counselors in New York State. In the spring of 1997 the leadership of the New York Board, in consultation with the New York Counselor

Association (NYCA), along with the letter-writing support of colleagues in psychology, nursing and social work, targeted two areas of regulatory change that held the greatest promise for professional counselor status enhancement (New York Board for Certified Professional Counselors [NYB], 1997; Schnell, 1997a, 1997b, 1997c). NYB criteria for regulatory "test case" inclusion were threefold: (1) the regulatory area had to be one of significant importance to certified counselors, and their viability as a professionals in New York; (2) the regulatory area had to be one in which the membership experienced visibility, representation and credibility in New York; and (3) the regulatory area had to be one in which any enacted changes were judged to hold promise for significant marketability gain and status enhancement for professional counselors, especially CCMHCs, MACs, NCCs and CRCs in New York State.

Targeted Mental Hygiene Regulations: Office of Alcoholism and Substance Abuse Services

Applying these three criteria resulted in selecting two areas of regulatory change to target. The first statutory regulation venue selected was the Office of Alcoholism and Substance Abuse Services (OASAS). This agency was chosen because of the large numbers of counselors employed in addictions in New York and because alcoholism/ substance abuse treatment and prevention jobs were perceived as being threatened as a result of proposed state regulations. OASAS proposed regulations were perceived as having the effect of "decertifying" professional counselors as members of licensed alcoholism and substance abuse treatment services professional staffs. Moreover, the NYB leadership had experience with OASAS regulatory processes, and with OASAS administration.

The initial target was OASAS regulation Credentialing Alcoholism and Substance Abuse Counselors, Part 822.4 (NYSMHL, Part 822, 1996) staffing definitions. In its first effort NYB failed to convince OASAS of the importance of including professional certified counselors to the list of approved qualified health professionals (QHP) such as psychologists and social workers. Consequently, the NYB leadership realized that they did not understand what criteria the state agency was employing for inclusion in QHP status. However, the leadership realized that counselors were in this predicament, in part, due to national and state associations and educational institutions inability to clearly articulate counselor professional standards to mental hygiene regulatory agencies. The NYB leadership realized the need to create new communication linkages between NBCC, ACA, NYB, NYCA and targeted state agencies. NYB discovered that state agency officials at OMH and OASAS, who were developing and shepherding state regulations excluding professional counselors, had little or no knowledge of the National Board for Certified Counselors (NBCC), the American Counseling Association (ACA), nor the

New York Counseling Association (NYCA). Certified Rehabilitation Counselors were already included in the QHP regulatory definition, but not National Certified Counselors (OASAS, Part 853.4). The New York Board for Certified Professional Counselors took action to remedy this situation.

NYB leadership negotiated with OASAS to obtain four criteria that the state would employ to determine suitability for inclusion in the professional status category, QHP. The OASAS criteria not only made sense, but much of the criteria had been part of professional counselor practice for well over a decade. It became clear that many professional counselors already met the standards to satisfy the state authority. The NYB leadership requested Dr. Tom Clawson, Executive Director of NBCC, to provide documents and to communicate with OASAS specifically addressing the four criteria New York was using to determine professional status. Dr. Clawson had NBCC staff assemble a package of materials clearly demonstrating the high standards of the counseling profession nationally, and of nationally certified counselors in New York. The NBCC documents were received by selected state agency officials and certain legislative representatives, along with letters from the NYB's Executive Board, its fast-growing certified counselor membership, counselor educator colleagues, agency, student affairs, and school counselors, along with support from rehabilitation counselors. In addition, college officials, social workers, psychologists, and directors of several community mental health systems sent letters advocating for professional counselor inclusion in the OASAS mental hygiene regulations.

Within one year of initiating the process, counselors had accomplished the goal of having New York State mental hygiene regulations changed. The NYB leadership was notified in October 1997 by a ranking state senator's office that the counselor-initiated advocacy had been successful. OASAS, with the approval of its director, and under state mental hygiene statutory authority, had modified their proposed regulations to include nationally certified counselors (all CCMHCs and MACs are included) along with certified rehabilitation counselors. For the first time in New York State's history in the clinical field national certified counselors, certified clinical mental health counselors and masters addictions counselors, were to be accorded equitable status alongside state licensed social workers.

Counselor advocacy efforts realized additional far-reaching gains. The NYB board conjectured that if a certain state law or regulation is changed, that there would be a tendency to backwash all other similar laws to come into compliance with the changed statue or regulation.However, the board also assumed that if it attempted to have changed all pertinent mental hygiene regulations, then its advocacy efforts would likely disintegrate into overwhelming complexity with the sheer volume of paper work, correspondence,

and regulatory change. The leadership decided to take a strategic risk. As the first results of these regulatory changes were being enacted, NYB suggested to OASAS that all similar state agency regulations embodying the same values regarding the status of professional enhancement of counselors would probably need to be addressed. With this new strategy the board's efforts not only succeeded, but its objectives were met beyond expectations. Immediately preceding the 32nd Annual NYCA Conference in Albany, NY, NYB was notified by the Commissioner's Office that qualified health professional status had been written into to all four sets of comprehensive clinical practice regulations (including outpatient and inpatient regulations) being proposed, and all changes were being fully supported by the state agency. Moreover, one of the four sets of regulations had already been enacted, and as such, had the effect of state law. At its regular meeting preceding the conference, the New York Counseling Association Board was informed of the changes critical to counselors in public practice. Counselors had finally won one of the most sought after goals in clinical practice: a form of equitable professional mental hygiene regulatory status with certified social workers and licensed psychologists.

One of the four sets of regulations has already been enacted, Chemical Dependence Crisis Services, Part 816 (NYSMHL, Part 816, OASAS, 1997), while the remaining three, Outpatient Chemical Dependency Services for Youth Programs and Services, Part 823 (NYSMHL, Part 823, OASAS, 1997), Requirements for the Operation of Inpatient Substance Abuse Treatment and Rehabilitation Programs, Part 1034 (NYSMHL, Part 1034, OASAS, 1997), and Residential Chemical Dependency Programs for Youth, Part 1032 (NYSMHL, Part 1032, OASAS, 1997) are secure regarding the inclusion of professional counselors. For professional counselors in clinical public practice, the fact that these have already been written into the state agency standards and mental hygiene regulations had immediate cache for addictions specialists with community agency directors being more secure in hiring professional counselors.

Targeted Mental Hygiene Regulations: Office of Mental Health

The next advocacy goal targeted modification of New York State Office of Mental Health (OMH) regulations. OMH regulations are even more complex than OASAS regulations, and are more inconsistent. Moreover, there is a larger legal counsel office and a long-standing history of regulatory oversight. OMH regulations Operations of Outpatient Programs, Part 587.4 and Operation of Residential Programs for Adults, Part 595.4 became NYB's next targeted regulations. Part 587 is the OMH regulation that has for a long time discouraged mental health and community counselors from working in state

licensed mental health clinics, usually county-based services or non-profit organizations. Employees in these licensed clinics and programs are subject to mental hygiene regulation staffing requirements. The result of OMH regulations has been not so much that mental health counselors and community counselors must be excluded from working in these clinics, but that the directors of county and community based clinics, usually certified social workers, could not (a) count certified counselors toward their professional staff percentage to satisfy state licensure requirements; (b) use counselors to provide supervision of other licensed clinical staff; or (c) include counselors to satisfy the percentage professional staff person minimum necessary to retain Medicaid reimbursement eligibility. And as professionals working in a community mental health setting know, Medicaid reimbursement is the major fuel that drives the funding of these community mental health services.

OMH regulation Part 587.4 was targeted for another important reason. Perhaps more than any other New York State mental hygiene regulation, Part 587 has symbolized the eroding professional status of professional counselors, highlighting those included on the invited guest list of professions enjoying professional status in the state's enormous public and private mental health system. NYB reasoned that, with the exception of licensure, if it could encourage OMH to modify this regulation then the status of clinical counselors as mental health professionals might be buoyed as no other action.

Part 595.4 licensing of adult community residences was targeted for a different reason. OMH regulation 595 did not actually close the door to professional counselors in terms of employment, but had the effect of excluding our professional practice as certified rehabilitation counselors, certified clinical mental health counselors, master addictions counselors and as national certified counselors from specific title reference in contrast to certified social workers, psychologists, and registered nurses in having state "qualified mental health staff person" (QMHSP) status. Furthermore, the enactment of this change would likely foster a regulatory backwash, placing certified counselor's practice into most remaining OMH regulations pertinent to counselor practice in New York. If counselors are successful in being included in outpatient mental health regulations as "professional staff" and in residential programs as "qualified mental health staff persons" the NYB leadership had anticipated that it would be easier for the state to embrace professional licensure status for certified rehabilitation counselor, certified clinical mental health counselors, master addictions counselors, and national certified counselors.

Future Impact for Counselors, Future Counselors and Counselor Educators

Short of counselor licensure few changes in New York State's public policy could achieve as significant an impact as inclusionary mental hygiene regulatory change. Hiring opportunities that were beginning to discourage counselors have been revitalized for a profession that has made enormous contributions to the state's community mental health, alcoholism and substance abuse services. Agency directors can be more confident in hiring nationally certified counselors because such hirings will not compromise their state program licensure or revenue generating requirements. Moreover, the psychological impact upon the community mental health and addictions counselors has been substantial and uplifting. Well-educated counseling professionals once again function as equitable members of multidisciplinary clinical staffs in delivering vital community mental health services.

Graduate students have also benefited. Perhaps more than any pervious period in recent history, students are assuming considerable debt from graduate education expenses. They expect to realize concrete career opportunities, degree marketability, and professional viability. Graduate students know that social work is a marketable, growing profession, and listed among the top 20 growing professions (Brindley, Bennefield, Danyliw, Hetter, & Loftus, 1997). However, students select a graduate program due of a variety of factors including value, cost, locality, strength of faculty, CACREP accreditation, institutional commitment to graduate students, student satisfaction and degree marketability. These factors fluctuate with institutional history, market conditions and state and national political agendas. Graduate counseling students realize that counselors appear to be being partially squeezed out the of managed-care arena in New York. However, with regulatory change and counselor licensure, clinical counselors are likely to be in a better position than ever before. One needs only to examine the history of psychologists and social workers during community mental health deinstitutionalization to understand how the destiny of professions is inextricably linked to economic conditions. In states such as New York where counselor licensure has not yet been enacted, applications to community counseling programs had begun to suffer, as had the career prospects for students graduating in this specialization. In states such as Maine where counselor licensure has been adopted, programs previously experiencing a decline in applicants witnessed a dramatic increase in interest, followed by a surge of applications to mental health/community counseling programs. However, with the changes in mental health regulations now including certified counselors the career opportunities open to counselors are significantly increased. Once again graduating counseling students in New York State are marketable to community mental health, alcoholism and substance

abuse prevention and treatment agencies, major employers of community counseling program graduates in New York State.

Summary

A significant lesson learned from NYB's experiences in advocacy is the importance for certified counselors, counselor educators, counseling students, and their legislative representatives to appreciate the impact of regulatory change upon the vitality of the counseling profession. Moreover, the emerging necessity of continually educating legislative representatives, state and local policy/resource shapers regarding the practice of professional counseling, including its high academic, professional and ethical standards is further underscored. In retrospect, perhaps more than any other factor, the sheer lack of knowledge on the part of state agency officials about national counselor certifying bodies and their standards, coupled with regulatory inertia, had contributed to closing out of counselors from important areas of professional status, staffing and practice.

Increasingly nationally certified counselors, including clinical mental health counselors and masters addictions counselors, are being built into mental hygiene regulations on the same level as certified social workers, licensed psychologists, and registered nurses. The professional advocacy stage is now better established for the removal of the anti-regulatory barriers and anti-licensure attitudes blocking counselor licensure. As soon as counselor licensure is achieved, the New York Board members believe the recommended regulatory changes will provide useful niches awaiting the newly licensed mental health counselor. Moreover, the change in attitude accompanying regulatory change should support licensure adoption and has already provided useful momentum to the cause of counselor licensure.

Ethical Challenges and Cautions for Certified Counselors

Because of the sometimes conflicting requirements and standards in national counselor credentials, state regulations, and proposed licensure standards, it remains crucial for professional counselors to consult pertaining ethical guidelines and practice standards. Counseling and Rehabilitation Resources, Inc. (1997) estimates there are over 165,000 counselors in the United States. Of this number, the National Board for Certified Counselors (NBCC) lists approximately 1,200 certified as National Certified Counselors (NCCs) in New York (NBCC, 1997). "The LPC code of ethics requires that professional services be limited to those activities for which they are trained to perform (Counseling and Rehabilitation Resources). Of 114 master's level

counselor education program that are CACREP-approved nationally, only 15 are mental health counseling programs, and presently there are no CACREP-approved mental health counseling programs in New York (CACREP, 1998). The mental health regulatory reforms discussed in this article pertain primarily to NBCC certified counselors, including mental health counselors and addictions counselors. The proposed New York State counselor licensure is calling for the licensure of "mental health counselors," but will likely grandparent in National Certified Counselors (NCCs), at least for the examination portion of the requirement. Ritterman (1998) emphasizes, "It should be understood that any professional who wishes to work clinically and who can provide the state with evidence that their education and training meets or exceeds the national standard for clinical counselors, can be licensed under this bill." It will be important for counselors to use their ACA, CRCC, NBCC and specialization ethical guidelines to inform their decisions and discourage them from working outside their area of expertise and professional training.

Conclusion

As colleagues in other states have warned counselors in New York, licensure is not the end all in the professionalization process. Scope of practice issues, managed care reimbursement, and competition with similar professions are factors that will play crucial roles in the years to come. What has been accomplished in New York prior to the onset of licensure has been the construction of a regulatory aqueduct as a means of moving certified counselor status, hiring opportunities, and counselor licensure process forward during a period when licensure had been dammed-up for well more than a decade. Whether or not state mental health regulatory changes speed up the licensure process remains to be determined. However, one clinical counselor advantage when counselor licensure is enacted in New York is that the regulatory changes having occurred in the community mental health fields will significantly facilitate the building of clinical counseling practice into the professional practice infrastructure of the state, and in doing so significantly contribute to the enhancement of the professional status of counselors for years to come. The regulatory foundation for certified counselors has now been established in New York State mental hygiene regulations.

References

Bloom, J., Gerstein, L., Tarvydas, V., Conaster, J., Davis, E., Kater, D., Sherrard, P., & Esposito, R. (1990). Model legislation for licensed professional counselors, *Journal of Counseling & Development, 68,* 511-523.

Bordan, T., & Ritterman, J. (1996). New York State counselor licensure: An overview, *The Journal for the Professional Counselors, 11,* 5-8.

Brooks, D. K., Jr., & Gerstein, L. H. (1990). Counselor credentialing and interprofessional collaboration, *Journal of Counseling & Development, 68*, 477-484.

Brindley, D., Bennefield, R. M., Danyliw, N. Q., Hetter, K., & Loftus, M. (1997, October 27). "20 hot job tracks: Best careers for '98 and beyond," *U.S. News & World Report, 32*, 64.

Cottingham, J. F., & Swanson, C. D. (1976). Recent licensure developments: Implications for counselor education, *Counselor Education and Supervision, 17*, 84-97.

Counseling and Rehabilitation Resources, Inc. (1997). *Licensed professional counselors: Experienced and qualified mental health care providers.* [Brochure]. Greenville, NC: Author.

Council for Accreditation of Counseling and Related Educational (1998). *Website list of CACREP-approved programs by state.* Alexandria, VA: Author.

Geisler, J. S. (1995). The impact of the passage of a counselor licensure law: One state's experience, *Journal of Mental Health Counseling, 17*, 188-198.

Goldin, E. (1997a). Counseling issues for the new millennium, *The Journal for the Professional Counselor, 12*, 5-7.

Goldin, E. (1997b). Interprofessional cooperation concerning counselor licensure: A survey of American Mental Health Counselor Association branch presidents, *Journal of Mental Health Counseling, 19*, 199-205.

National Board for Certified Counselors (1998). *List of New York State National Certified Counselors.* Greensboro, NC: Author.

New York Board for Certified Professional Counselors (1997). Board resolution to recommend the modification of qualified mental health professional status as part of OMH Part 595.4 regulations. Adopted by NYBCPC Board, June 27, 1997.

New York State Mental Hygiene Law, Part 587.4(2) (1996). New York State Office of Mental Health Regulation, *Operation of Outpatient Programs.*

New York State Mental Hygiene Law, Part 595 (1995). Legal Base of New York State Office of Mental Health Regulation, *Operation of Residential Programs for Adults, Part 595.*

New York State Mental Hygiene Law, Part 816 (1997). New York State Office of Alcoholism and Substance Abuse Services Regulation, *Chemical Dependence Crisis Services, Part 816.*

New York State Mental Hygiene Law, Part 822 (1997). New York State Office of Alcoholism and Substance Abuse Services Regulation, *Credentialing Alcoholism and Substance Abuse Counselors, Part 822.*

New York State Mental Hygiene Law, Part 823 (1997). New York State Office of Alcoholism and Substance Abuse Services Regulation, *Chemical Dependency Services for Youth Programs and Services, Part 823.*

New York State Mental Hygiene Law, Part 1032 (1997). New York State Office of Alcoholism and Substance Abuse Services Regulation, *Residential Chemical Dependency Programs for Youth, Part 1032.*

New York State Mental Hygiene Law, Part 1034 (1997). New York State Office of Alcoholism and Substance Abuse Services Regulation, *Requirements for the Operation of Inpatient Substance Abuse Treatment and Rehabilitation Programs, Part 1034.*

New York State Office of Alcoholism and Substance Abuse Services (1998). *OASAS Overview of Services,* NYS OASAS Internet Website, May 6, 1998.

Ritterman, J. (1997). NYCA Legislative Chair Report, *NYCA Action, New York Counseling Association Newsletter, 34*(1), 14.

Ritterman, J. (1998, May/June). Report from the NYCA Legislative Chair, *NYCA Action, New York Counseling Association Newsletter, 34*(2), 7.

Ritterman, J., & Valentino, C. (1998, Spring). Claiming our right to licensure, *Legislative Action Bulletin & Newsletter, New York Mental Health Counselors' Association Newsletter*, 1-3.

Roark, M. (1997). Regulatory reform advocated by counselor organization, *NYCA Action, New York Counseling Association Newsletter 34*, 4.

Roberts, W., Jr., Schmidt, R., & Blaine, B. (1994). Passage of counselor legislation in the 1991 Arkansas State Legislature, *Journal of Counseling & Development, 73*, 227-230.

Schnell, R. (1997a). Actions to bring about changes in New York State Law, *The Certified Counselor, The New York Board for Certified Professional Counselors Newsletter, 1*(1), 2

Schnell, R. (1997b). Professional counselors and Qualified Health Professional status: Creating the foundation for counselor licensure in New York State, *The Certified Counselor, The New York Board for Certified Professional Counselors Newsletter, 1*(2), 2-3.

Schnell, R. (1997c). Why Office of Mental Health regulatory reform has become essential to Certified Professional Counselors, *The Certified Counselor, The New York Board for Certified Professional Counselors Newsletter, 1*(3), 2.

Schnell, R. (1998). Changing Office of Mental Health regulations to include Certified Professional Counselors, *The Certified Counselor, The New York Board for Certified Professional Counselors Newsletter, 2*(1), 3.

Stone, J. L. (1997). *New York State Office of Mental Health 1997-1998 Executive Budget*, Legislative testimony presented by New York State Office of Mental Health Commissioner James L. Stone, January 27, 1997.

Surles, R. C., Blanch, A. K., & Shepardson, J. (1992). Integrating mental health policy, financing, and program development: The New York State experience, *Administration & Policy in Mental Health, 19*, 269-277.

Taylor, S. J. (1992). The paradox of regulations: A commentary, *Mental Retardation, 30*, 185-190.

Throckmorton, E. W. (1992, March). *State licensure and third party reimbursement: Which states permit professional counselors to provide reimbursable clinical services.* Paper presented at the meeting of the American Association for Counseling and Development, Baltimore, MD.

Richard L. Schnell is an associate professor and Chair in the Counselor Education Department as well as Director of the Prevention Research Project, Plattsburgh State University of New York. He is also President of the New York Board for Certified Professional Counselors. Correspondence regarding this article should be sent to Richard L. Schnell, Ed.D., Counselor Education Department, Plattsburgh State University of New York, Plattsburgh, NY 12901.

"If you didn't know how old you were, how old would you be?"

—Eubie Blake

127

Arguments Against the Counselor's Loss: Have You Caged A Raven?

Cheryl M. Milde and Rebecca A. Humphrey

This article examines an account of a client's departure from counseling. A verse by Carolyn Brastow Pledger was titled, "When the Raven Is Ready To Fly: The Counselor's Loss" (Pledger, 1986). Although poignant, Pledger's article evoked thoughts of guarding clients' autonomy through increased recognition of the subtle and sometimes ignored boundary violations committed by practitioners. The present article revives viewpoints expressed by Pledger and compares them with views from the professional literature as they apply to counseling practice today. Counselors' awareness of possible countertransference masquerading as "good" counseling that threatens client autonomy is questioned. Preventative measures are highlighted in the context of education and supervision.

In the June 1986 issue of the *Journal of Counseling and Development*, Carolyn Brastow Pledger wrote an account of her feelings upon saying goodbye to a client. Titled, "When the Raven Is Ready To Fly: The Counselor's Loss," Pledger told the story of a client who had come to the end of therapy. Having grown through the experience, he was ready to leave the perceived safety of the relationship and terminate. The client, an animal lover, apparently had cared for a raven and then chose to let it go. Pledger used the client's experience with the raven as an analogy to describe her feelings upon the client's departure. She highlighted comments her client made such as, "I loved you, but the counseling relationship is special, and I would never do anything to jeopardize that trust" (Pledger, 1986, p. 660). Such comments emphasized the positive relationship that developed between counselor and client. Pledger recounted myriad feelings about the client's departure and one

is left with the idea that their experience was a therapeutic encounter. Nevertheless, the description of this relationship raised several questions concerning issues around countertransference, specifically, client autonomy, counselor self-disclosure and other potential boundary violations. The authors request that professionals who read this article ask themselves, "Am I caging a raven?"

Client Autonomy

One of the main issues that threatens client autonomy is dual relationships. Dual relationships are defined in the ethical codes of the American Counseling Association (ACA) as those interactions which may "exploit the trust and dependency of clients" (ACA, 1995, p. 2). Familial, personal, monetary, social, or business relationships between clients and counselors are examples of interactions that make avoiding unethical relationships nearly impossible.

In the years since Pledger's verse, dual relationships have been increasingly recognized as harmful to clients (Corey, 1996). These conflicted relationships continue to harbor questions with which the counseling field must grapple (ACA, 1995; Gibson & Pope, 1993). Pledger (1986) wrote about her client's departure, " I am left alone again with myself and my grief over a new loss" (p. 660). She stated the counselor must always be ready to let go. This admonition implied that counselors in some way have someone whom they must release — as the raven had to be released.

As human beings we form relationships with others for many different purposes. As counselors, we form relationships with clients that are unequal in power and founded on the belief that clients are autonomous and deserving of respect (ACA, 1996; Welfel & Kitchener, 1992). To dramatize the relationship and relate it to loss in counselors' personal lives is to risk clients' autonomy before the first meeting. Believing that when clients leave counseling one is left alone may make sense in an existential framework, but it may also form the catalyst that incites interference with clients' autonomy.

Excessive dependency on the part of clients or counselors may also interfere with autonomy. It is sometimes difficult to recognize when counselors promote client dependency. However, certain actions go beyond the scope of best practices in counseling. Strasburger, Jorgenson, & Sutherland (1992) described actions that could indicate a change from a professional relationship to one they described as being in the realm of the "slippery slope" of boundary violations (p. 545). Counselor overtures potentially leading to boundary violations may include scheduling a favorite client as the last appointment of the day, extending the session beyond the set time, and excessive telephone conversations with a particular client. When counselors intentionally schedule a favorite client as the final appointment, the stage

could be set for extending the session. In reality, this action may be accomplished for the gratification of the counselor's needs. They are also evidenced by such activities as excessively sharing personal lives with clients or having frequent phone conversations with a particular client. Each could indicate the development of a social or intimate relationship between counselor and client. Obviously, such a relationship is no longer therapeutic for the client. The participation in and encouragement of such an intimate bond changes the counseling relationship and feeds client dependency.

Counselor Self-Disclosure

Another issue to consider in the therapeutic relationship is counselor self-disclosure. Before counselor self-disclosure is employed, the impact on the relationship and the rationale for its use must be weighed. Both positive and negative effects can result; consequently, careful attention to the use of counselor self-disclosure is imperative.

Several positive effects of counselor self-disclosure have been identified in the literature. For example, counselor self-disclosure has been found to increase client comfort, aid in building rapport, and facilitate trust between client and counselor (Ivey, 1994). Edwards and Murdock (1994) found the two most frequently accepted motives for counselor self-disclosure were modeling for clients and increasing similarity between counselor and client. Positive self-disclosure (sharing positive information about oneself) or negative self-disclosure (sharing negative information about oneself) may increase or decrease client attraction to a counselor (Ellingson & Gallasi, 1995).

The overutilization or misuse of counselor self-disclosure could lead to inappropriate self-disclosure and ultimately prove harmful to clients. Inappropriate self-disclosure might consist of small talk that is irrelevant to the counseling session, or which consists of information about counselors' personal lives which is unrelated to clients' current situations. Ivey (1994) indicated that self-disclosure may be an unwarranted action if the client is currently able to communicate his or her thoughts and feelings effectively. Genuineness, relevance, and depth are additional considerations when evaluating the appropriateness of a disclosure. Inappropriate comments considered sexual in nature or those which reveal personal feelings of the counselor are widely recognized as controversial in the counseling field (Edwards & Murdock, 1994).

The following vignettes illustrate the appropriate and inappropriate practice of counselor self-disclosure, respectively:

Vignette 1A: Example of Appropriate Self-Disclosure

Client: I just find myself continually thinking about the rape. I don't know why I can't let it go.

Counselor: I know that when bad things have happened to me in the past, I found myself repeatedly thinking about them as well. Let's explore what is stopping you from letting this pain go.

Vignette 1B: Example of Inappropriate Self-Disclosure

Client: I just find myself continually thinking about the rape. I don't know why I can't let it go.

Counselor: Well, when I was raped 12 years ago, I found myself dwelling on the pain and torture I went through. I even found myself being attacked by colleagues when they found out what had happened. I thought that if I told them about the rape, I would receive support and empathy because they are fellow counselors, but instead I felt humiliated and ridiculed at their lack of respect and support. Are you feeling this way as well?

In vignette 1A, the counselor's use of self-disclosure is appropriate. Empathy is conveyed and there is a subtle suggestion that the counselor has also had a bad experience but has survived. The focus of the session, however, returns to the client's experience. In vignette 1B, the counselor's use of self-disclosure is inappropriate because the counselor divulges highly personal information which could overwhelm the client. The counselor's disclosure seems to be the result of triggered memories which she follows by serving her needs to talk about the experience rather than the client's concerns.

Vignette 2A: Example of Appropriate Self-Disclosure

Client: I guess I'm just bored. It seems like I have nothing important to do, no worthwhile use of my skills.

Counselor: At one point in my life prior to discovering what I really wanted to do as far as a career, my life didn't seem to have much direction or meaning. Let's talk about what holds meaning for you.

Vignette 2B: Example of Inappropriate Self-Disclosure

> Client: I guess I'm just bored. It seems like I have nothing important to do, no worthwhile use of my skills.
>
> Counselor: Before I discovered my career choice, I felt somewhat simular to the way you describe yourself. Then I met someone I fell in love with who encouraged me to go back to school. Could furthering your education be the answer for you?

In vignette 2A, the counselor's use of self-disclosure is appropriate because it allows the client to see the counselor as human — not as someone who has always had all the right answers. The client's issue, however, remains the center of discussion and the response shifts back to how his feelings can be addressed. In vignette 2B, the counselor's use of self-disclosure is inappropriate because the counselor's response is too personal and seems to suggest that what worked for the counselor would work for the client. Further, it might suggest something to the client about loving the counselor.

Vignette 3A: Example of Appropriate Self-Disclosure

> Client: I hate my boss and my co-workers aren't much better. Nobody knows what I'm going through. I feel so alone.
>
> Counselor: You seem discouraged. When I feel isolated or misunderstood, I find that I'm not communicating to others how I really feel. Sometimes it's a difficult thing to do, but perhaps there's a plan we can come up with to help you get more connected.

Vignette 3B: Example of Inappropriate Self-Disclosure

Client: I hate my boss and my co-workers aren't much better. Nobody knows what I'm going through. I feel so alone.

Counselor: I have the worst boss in the world. A clinic administrator knowsnothing about counseling. It might be better if your boss and co-workers don't know what's going on with you in the long run. How about finding a friend outside of work?

In vignette 3A, the counselor's use of self-disclosure is appropriate because the counselor gives empathy and shares a universal emotion of occasionally feeling isolated. He promptly shifts back to helping the client by suggesting a partnership in crafting a plan to help the client feel more connected. In

vignette 3B, however, the counselor's use of self-disclosure is inappropriate because he reacts to personal feelings and troubling issues in his own life. He then encourages the client to avoid dealing with the issue in a straightforward manner, potentially fostering more feelings of separation within the client. The above vignettes demonstrate how in some instances inappropriate counselor self-disclosure may be the result of countertransference. Countertransference is defined by Pipes and Davenport (1990) as "any unconscious attitude or behavior on the part of the psychotherapist which is prompted by the needs of the therapist rather than the needs of the client" (p. 161). According to Kelly (1994) an unconscious aspect of the counselor's personality is touched.

Countertransference can be recognized in counseling relationships when an absence of therapeutic value within the session is exhibited by overidentification with particular clients as a means of reducing counselors' anxiety or personal problems (Pipes & Davenport, 1990). The therapeutic relationship becomes one that incorporates similar levels of sharing and disclosing between counselor and client. When countertransference dominates the counseling relationship, boundaries are blurred and the client's issues are no longer the exclusive focus. Possible beneficial self-disclosure on the part of the counselor has been overshadowed by counselor self-disclosure that served the counselor's needs (Watkins, 1985).

Prevention of Boundary Violations

How can a counselor avoid boundary violations that may be outcomes of countertransference? Ethics courses teach that counselors have the ultimate responsibility for maintaining ethical relationships (e.g., Coll, 1993). Counselors know this to be true, yet boundary violations continue to be reported and many more are believed to go unreported (Nelson, 1992). As Watkins (1985) pointed out, however, therapists are human and they are subject to repressive forces which may cloud judgment. Support from peers may be helpful in preventing this blurred judgment from taking hold (Chauvin & Remley, 1996). Colleagues may have to be confronted about behavior that appears unethical or questionable. While difficult to do, it may save both the counselor and the client from further trouble. Milde (1995), however, found that counseling professionals are reluctant to confront their peers about behaviors that appear to be unethical.

Counselor educators and supervisors have a responsibility to raise counselor trainee awareness of countertransference dynamics. Cerney (1985) stated that supervision of counselor trainees should include confrontation of signs that countertransference may be developing. Counselors-in-training should be encouraged to identify the clients they seem to find difficult, as well

as those they look forward to seeing each week. Potential difficulties may be indicated by recurring strong emotions that surface regarding particular clients. These emotions may appear as counselor trainees' expressions of severe frustration during a counseling session or trainees may find themselves so entangled in personal feelings they allow emotion to guide the session. Consequently, the first step toward exploration of these reactions must be a willingness on the part of the supervisor and the student to recognize the feelings and see the actions that follow (McLennan, 1996).

Frequently supervisees need help recognizing their inappropriate responses because such responses could be rooted in unconscious thought. Counselors-in-training may never realize their involvement if their supervisors are unwilling to confront them. Likewise, supervisors may need to take a hard look at their own behaviors during supervision with trainees (Hogan & Kimmel, 1992; Kitchener, 1992; Kottler, 1992). Supervisors are the ultimate model for trainees' professional growth and are subject to the same unconscious reactions as inexperienced counselors. Through greater awareness, both counselor trainees and counseling supervisors can become adept at recognizing the expected phenomena of transference and countertransference (Stake & Oliver, 1991; Vasquez, 1992). Mindful of their feelings, the positive aspects of these reactions can be used to enhance the counseling process while avoiding negative repercussions for both counselor and client.

Discussion

Counselors want to help people foster growth in themselves. This article has covered issues relating to client dependence, counselor self-disclosure and countertransference with regard to their impact on client autonomy. Ways in which these phenomena can be considered boundary violations and the harm they may ultimately cause clients have been discussed. Specific clinical vignettes were included to provide a better understanding of appropriate and inappropriate counselor self-disclosure. Recognizing the human needs of counselors alerts us to seek personal fulfillment in our lives but not with our clients. Counselors are warned to maintain clear boundaries between themselves and their clients for clients' optimum health.

In closing, there was an interesting comparison between a counselor and the wizard from *The Wizard of Oz* in an article titled "The Perils of Wizardry" (Bazelon, 1974). Bazelon (1974) reminded counselors that it was only when Dorothy and her companions discovered they could not rely on the wizard that they gained strength. When Dorothy accused the wizard of being a very bad man, he responded to her by telling her, "No, Dorothy, I am a good man [woman] but a very bad wizard."

Counselors would do well to keep this as their motto and remember the traps that cause harm to clients. The traps, usually fueled by countertransference, deprive clients' of their autonomy. Some counselors will argue that the closer relationship between counselor and client is therapeutic, however, countertransference should alert therapists to unfinished issues in their own lives. This is particularly true when such reactions take on a pattern (Cerney, 1985). Counselors must accept their tremendous responsibility to clients and refuse to play the roles of wizards or gurus. Recalling Pledger's (1986) poignant tale, "When the Raven is Ready to Fly: The Counselor's Loss", allow the client's gain to be the counselor's gain too. Next time the opportunity arises, take time to notice — some wizards have a penchant for caging ravens.

References

American Counseling Association. (1992). Report of the ACA Ethics Committee: 1991-1992. *Journal of Counseling and Development, 71,* 252-253.

American Counseling Association. (1995). *Code of ethics and standards of practice.* Alexandria, VA: Author.

American Counseling Association. (1996). Report of the ACA Ethics Committee: 1995-1996. *Journal of Counseling and Development, 75,* 174-175.

Bazelon, D. L. (1974). The perils of wizardry. *American Journal of Psychiatry, 12,* 1317-1322.

Cerney, M. S. (1985). Countertransference revisited. *Journal of Counseling and Development, 63,* 362-364.

Chauvin, J. C. & Remley, Jr., T. P. (1996). Responding to allegations of unethical conduct. *Journal of Counseling and Development, 74,* 563-568.

Coll, K. M. (1993). Student attitudinal changes in a counseling ethics course. *Counseling and Values, 37,* 165-170.

Corey, G. (1996). *Theory and Practice of Counseling and Psychotherapy (5th ed.).* Pacific Grove: Brooks/Cole.

Edwards, C. E. & Murdock, N. L. (1994). Characteristics of therapist self-disclosure in the counseling process. *Journal of Counseling and Development, 72,* 384-389.

Ellingson, K. T. & Gallasi, J. P. (1995). Testing two theoretical explanations for the attraction-enhancing effects of self-disclosure. *Journal of Counseling and Development, 73,* 535-542.

Gibson, W. T. & Pope, K. S. (1993). The ethics of counseling: A national survey of certified counselors. *Journal of Counseling and Development, 71,* 330-336.

Hogan, P. M. & Kimmel, A. J. (1992). Ethical teaching of psychology: One department's attempts at self-regulation. *Teaching of Psychology, 19*(4), 205-210.

Ivey, A. E. (1994). *Intentional Interviews and Counseling (3rd Ed.).* Pacific Grove: Brooks/Cole.

Kelly, E. W. (1994). *Relationship-Centered Counseling: An Integration of Art and Science.* New York: Springer.

Kitchener, K. S. (1992). Psychologist as teacher and mentor: Affirming ethical values throughout the curriculum. *Professional Psychology: Research and Practice, 23,* 190-195.

Kottler, J. A. (1992). Confronting our own hypocrisy: Being a model for our students and clients. *Journal of Counseling and Development, 70,* 475-476.

McLennan, J. (1996). Improving our understanding of therapeutic failure: A review. *Counselling Psychology Quarterly, 9,* 391-398.

Milde, C. M. (1995). Counselors' reactions to perceived unethical behavior of professional peers. (Doctoral dissertation, Southern Illinois University, 1995). *Dissertation Abstracts International, 56,* 2614.

Nelson, P. L. (1992, July). Lawsuits, legal matters and liability claims hit the profession. *Guidepost,* p. 17.

Pledger, C. B. (1986). When the raven is ready to fly: The counselor's loss. *Journal of Counseling and Development, 64,* 660.

Pipes, R. B., & Davenport, D. S. (1990). *Introduction to Psychotherapy.* New Jersey: Prentice Hall.

Stake, J. E. & Oliver, J. (1991). Sexual contact and touching between therapist and client: A survey of psychologists' attitudes and behaviors. *Professional Psychology: Research and Practice, 22,* 297-307.

Strasburger, L. H., Jorgenson, L., & Sutherland, P. (1992). The prevention of psychotherapist sexual misconduct: Avoiding the slippery slope. *American Journal of Psychotherapy, 66,* 544-555.

Vasquez, M. J. T. (1992). Psychologist as clinical supervisor: Promoting ethical practice. *Professional Psychology: Research and Practice, 23,* 196-202.

Watkins, C. E. (1985). Countertransference: Its impact on the counseling situation. *Journal of Counseling and Development, 65,* 356-359.

Welfel, E. R. & Kitchener, K. S. (1992). Introduction to the special section: Ethics education — an agenda for the 90s. *Professional Psychology: Research and Practice, 23,* 179-181.

Cheryl M. Milde, Ph.D. is an assistant professor in the Department of Educational Administration and Counseling at Southeast Missouri State University. **Rebecca A. Humphrey, M.A.** is a recent graduate of the CACREP accredited Community Counseling program at Southeast Missouri State University and is presently employed as a mental health counselor in the State of Indiana. Correspondence regarding this article should be sent to Cheryl M. Milde, Ph.D., Southeast MO State University, Mail Stop 5550, One University Plaza, Cape Girardeau, MO 63701. Electronic mail may be sent to: cmilde@semovm.semo.edu.

> *"All my life I've wanted to be someone; I guess I should have been more specific."*
>
> —Jane Wagner/Lily Tomlin

Supervision: An Essential Multicultural Training Tool

Cheryl C. Holcomb-McCoy

Supervision is a potentially useful means for counselor educators to implement multicultural counseling training. This article explores three supervision techniques: videotaping, live supervision, and group supervision. Carney and Kahn's (1983) model of multicultural counselor development is described along with examples of how the model relates to each supervision technique. Implications for both counseling supervisors and research are provided.

For the past two decades, there has been a sizable amount of literature pertaining to professional counselors' lack of cultural sensitivity and awareness (D'Andrea & Daniels, 1991; Johnson, 1990). This widespread attention to cultural issues in counseling has emerged partially as a result of the U.S.'s rapidly increasing multiethnic, multicultural, and multilingual population (Lee & Richardson, 1991; Sodowsky, Taffe, Gutkin, & Wise, 1994). For instance, it is predicted that ethnic minority persons will comprise one third of the total U. S. population by the year 2000 (Sue, Arrendondo, & McDavis, 1992). Furthermore, public school enrollments in major cities primarily consist of students-of-color (Hacker, 1992)

Given the changing demographics of the U.S. population, counseling professionals are finding an increasing number of ethnic minority (i.e., African American, Hispanic/Latino, Asian, Native American) persons among their client caseloads (Mau, 1995). At the same time, however, there is evidence that ethnic minorities underutilize counseling services (Stone & Archer, 1990). For instance, Neighbors, Caldwell, Thompson, and Jackson (1994) contend that "substantial numbers of African Americans are not obtaining the professional help they need" and that "underutilization is a problem for African Americans, especially when use is viewed in relation to the prevalence of psychiatric morbidity in the general population" (p. 34).

Recently, the underutilization of mental health services has been interpreted as evidence that counseling services are not culturally responsive and do not meet the needs of culturally different clients (Takeuchi, S. Sue, & Yeh, 1995). For this reason, multicultural counseling training has become a crucial component of general counselor preparation (Heppner & O'Brien, 1994). In fact, from 1989 to 1991, multicultural counseling courses were the most frequently added new courses to curricula in graduate counseling programs (Hollis & Wantz, 1990).

The utilization of supervision within the context of multicultural counseling training has been explored in a limited number of book chapters and articles (e.g., Bernard & Goodyear, 1992; Carney & Kahn, 1983; Cook, 1994). In the author's survey of the literature, no empirical research was found regarding the link between supervisory techniques and multicultural training. Whereas attention has been focused on the cultural differences between the counselor and supervisor, very little has been discussed about how supervision can be used as a multicultural training tool. Hence, the purpose of this article is: (a) to provide a discussion of important counselor supervision techniques (i.e., videotaping, live supervision, and group supervision) that can be utilized for the purposes of multicultural training; (b) to describe Carney and Kahn's (1983) model of multicultural counselor development; and (c) to explore how the supervisory techniques discussed can be applied to Carney and Kahn's model.

Supervision Techniques

Because supervision is viewed as an integral component in the preparation of competent counselors, various techniques for conducting supervision have evolved (Bernard, 1992; Bernard & Goodyear, 1992; Borders, 1989). Three such techniques are videotaping, live supervision, and group supervision. The next section will address how these interventions can be used for multicultural counseling training.

Videotaping

Videotaping has become one of the most widely used techniques of counseling supervision (Bernard & Goodyear, 1992). Interpersonal Process Recall (IPR, Kagan, 1980), a videotape supervision technique, consists of the supervisor and supervisee viewing a pre-recorded segment of a videotape while at the same time stopping the tape at a point where the supervisor or supervisee thinks a significant event is occurring. According to Kagan, the supervisor is most effective "when he or she actively encourages the person to describe underlying thoughts and feelings rather than encouraging critique or self-confrontation" (p. 262). Kagan also suggests that the supervisor

can choose to pause the tape but only to ask brief open-ended questions that enable the supervisee to explore feelings, thoughts, and reactions. Sample supervisor inquiries might include: "What do you wish you had said?," "What were you thinking just then?", and "What pictures were going through your mind at this point?"

Since IPR focuses on interpersonal dynamics between the counselor and client, it is possible for the supervisor to highlight cultural aspects of the counseling relationship. For instance, the supervisor might inquire or challenge the supervisee about cultural differences and assumptions. Possible cultural inquiries might include: "How did you think she was perceiving you at that moment as a White male?", "How did you want her to perceive you, being an African American woman?", and "What cultural message do you think he was trying to give you?" Essentially, the supervisor is assisting the supervisee in exploring his/her cultural attitudes and feelings.

During IPR, it is imperative that the supervisor make note of the supervisee's inaccurate or prejudicial attitudes, opinions, and assumptions about the client's culture. Because supervisees' misperceptions and myths can affect their thoughts, decisions, and behaviors, Pederson (1988) contended that supervisees' faulty assumptions must be addressed. Therefore, one can use IPR to assess a supervisee's awareness and cultural sensitivity, which in turn can lead to future instruction. For example, a White male counselor who has limited knowledge regarding the Puerto Rican culture might make assumptions about his Puerto Rican female client based on stereotypical information. A supervisor could use IPR to discuss the counselor's attitudes and perceptions about Puerto Rican culture. Next, if necessary, the supervisor would instruct the counselor to do further exploration of the Puerto Rican culture by either readings, encounters with Puerto Rican individuals, and/or by attending workshops and presentations related to counseling Latino/Hispanic clients.

In addition to IPR, videotaped counseling sessions can be used for basic session reviews. The videotape review process affords the supervisor a unique chance to observe the supervisee's verbal and non-verbal behavior within the session (Rubinstein & Hammond, 1982). This is beneficial because it enables the supervisee and supervisor to determine trends or undetected difficulties in the counseling process. For instance, during a videotape review a counselor might realize how frequently he uses slang words with an African American client but not with his clients of European descent. This overuse of what is perceived to be "Black people's talk" might be the counselor's attempt to "join with" the client when actually the counselor is likely hindering the development of a counseling relationship with the client. The client's reaction to the counselor's perceived "phoniness" might be illustrated on tape by the client's closed body posture or other illustrations of resistance. Therefore, the

goal of understanding the cultural dynamics of a counseling relationship may be achieved by reviewing a well-chosen segment of a videotape.

Live Supervision

Live supervision is unique in that it combines direct observation of a counseling session with some method of communication between the supervisee and supervisor. Lewis (1988) suggests that there are two advantages of live supervision; one, the supervisor can directly train the counselor and two, the supervisor can control to a greater extent the course and outcome of therapy.

Several methods of live supervision communication between the supervisor and supervisee have been developed. For the purpose of multicultural counseling training, any live supervision method (i.e., phone-ins, consultation, "bug-in-the-ear") can be utilized if the content of the supervisor's message is culturally appropriate and meaningful to a successful counselor-client relationship. Thus far, there has been no empirical research that has investigated the relationship between live supervision methods and multicultural competence.

Unlike the IPR process in which supervision tends to focus on the supervisee's underlying cultural attitudes and feelings, live supervision enables the supervisor to have direct influence on the supervisee's thoughts, cultural knowledge-base, and behavior while the supervisee is in session. For instance, a supervisor can communicate desired behaviors and skills to the counselor by using the phone-in method. A supervisee could then be given telephone directives such as "Articulate the problem from the client's cultural frame of reference," or "Focus on the defensiveness of the client."

Counselor trainees might also benefit from live supervision with consultation breaks or post-session debriefing sessions. These methods of live supervision allow for time to explain the rationale for a technique, as well as for the supervisee to have the opportunity to ask questions and receive immediate feedback. During consultation breaks, for example, the supervisor might discuss issues such as the ethnic/racial identity level of the client (e.g., Helms, 1984), accurate facts and information regarding the client's culture, and managing client resistance.

Post-session supervision or debriefing, as another form of live supervision, is advantageous because it gives the supervisor and supervisee an opportunity to discuss what transpired immediately following the session (Bernard & Goodyear, 1992). During this time, a supervisor and supervisee might discuss cultural dynamics of the session, share perceptions, and implications regarding the client's culture, and explore possible cultural barriers that are

inhibiting the development of an effective counseling relationship. Besides facilitating a discussion, the supervisor might use the post-session debriefing to offer feedback concerning the counselor's possible misperceptions and biased behaviors. Generally speaking, the supervisee should leave the post-session with pertinent cultural information for future sessions.

Group Supervision

Group supervision, when compared to individual supervision, provides counselor trainees with an opportunity to experience mutual support, share common experiences, and increase interpersonal competencies (Werstlein, 1994). Overall, the greatest benefit of group supervision is its ability to expose supervisees to a variety of cases, strategies, and approaches along with the opportunity to observe other counselors at various levels of development (Hillerbrand, 1989).

The group supervision setting can provide a perfect arena for actively giving and receiving feedback on cultural themes. For instance, in Borders' (1989) peer group supervision model, supervisees are assigned roles (e.g., client, counselor) while reviewing segments of videotaped counseling sessions. Taking on a "role" encourages supervisees to envision different perspectives that will be valuable when struggling with a specific cultural concern. The role-taking aspect can be expanded to include members of a client's cultural group, culturally-based metaphors, and the counselor's or client's cultural perspective. For instance, a female European American supervisee might ask her supervision group to watch a segment of a tape featuring her counseling an Asian woman. If she feels that there is a cultural barrier in their relationship, she could assign one group member the role of her client and the task of giving her feedback in terms of cultural and/or racial issues while another group member could be asked to assume the role of counselor and the task of also giving feedback in terms of his/her cultural issues. A third group member might then be asked to assume the role of the Asian woman's husband and the task of giving feedback in terms of her family and community. Since the supervisor's role in this model is to be a moderator of the group, the supervisor would facilitate the group's processing of feedback and summarize the possible implications for future counseling sessions. A limitation of using this technique is the assumption that the supervisees have the cultural knowledge to assume the roles of different cultures.

There is limited research regarding supervision with a culturally diverse group. In one study, Cook and Helms (1988) observed that 225 Asian, Black, Hispanic, and Native American counselors in multicultural group supevision generally reported a perception that their supervisor was emotionally un-

comfortable in the supervisory relationship. Clearly, this is a starting point for future research in multicultural supervision.

Model of Multicultural Counselor Development

Most strategies and approaches that focus on multicultural counseling training focus on the competencies (i.e., awareness, knowledge, and skills) that need to be acquired. It is not enough to focus primarily on these desired outcomes without considering the relationship between counselor development and multicultural competence. This section includes a description of Carney and Kahn's (1983) model which emphasizes multicultural competence within the context of understanding the relationship between the counselor's development and the training or supervision environment. Also, a discussion of how supervision techniques can be applied to this model is given.

Carney and Kahn's (1983) model consists of five stages which trainees pass through while developing multicultural knowledge, awareness, and skills. Each stage consists of probable trainee characteristics and appropriate strategies and approaches of training (see Table 1). Trainee level of competence (i.e., awareness, knowledge and skills) and the learning/training environment are the key components which determine multicultural counseling effectiveness.

According to Carney and Kahn (1983), structuring the counselor training environment can and should prompt movement across the stages. Furthermore, "the appropriate learning environment at each stage of counselor development is best described in terms of the challenges and supports that it provides" (Carney and Kahn, p.112). During training, the challenges force trainees to expand their knowledge and skills while the supports promote the trust and structure that is needed for growth in the learning environment. It is assumed that trainees at early stages of their development benefit from highly structured training settings with limited challenges and clear direction from the supervisor or trainer. Trainees in the later stages benefit from less structure and more diverse challenges. Resistance or failure to grow is an indicator that the challenges and supports of the training environment do not match the competence of the trainee. For instance, a trainee with no prior knowledge of a particular ethnic group would be overwhelmed if placed in an internship where he/she is expected to counsel clients of that particular ethnic group. In essence, the counselor's growth in terms of multicultural competence would certainly be negatively affected as a result of receiving too much of a challenge with little support.

The supervision techniques that were described in this article can easily

apply to Carney and Kahn's (1983) counselor development model (see Table 2). In the first stage, trainees have limited knowledge of other cultural groups and their counseling approaches reflect their personal worldviews instead of the client's needs and views. The challenge for trainees in this stage is to accept the need to become aware and accept that their limited knowledge, ethnocentric attitudes, and lack of multicultural training may lead to ineffective counseling with culturally different persons. Carney and Kahn recommend that Stage One trainees should not have counseling experiences with clients of different ethnic groups until they increase their knowledge base. Therefore, training should include primarily lectures, readings, and experiences with culturally different persons.

In Stage Two, the trainee has acquired new knowledge of other cultural groups but the knowledge is dealt with in an unorganized manner. Appropriate training during this stage includes structured activities that examine and explore the accuracy of trainee beliefs and views, instruction related to the world views of persons from different cultural groups, and practicing counseling techniques that can be utilized with culturally different clients. IPR with additional instruction would be appropriate for trainees in this stage.

The trainee in Stage Three is characterized by feelings of guilt and responsibility. Carney and Kahn (1983) observed that trainees will either deny that cultural differences exist or become immersed in another culture. The appropriate training/learning environment includes more readings, presentations, simulations, role playing and encounters with persons of different cultures. The IPR approach is beneficial for these trainees because it provides a setting for reviewing attitudinal differences between the counselor and client. In addition, IPR will allow trainees to explore their possible "colorblind" attitude.

Stage Four, according to Carney and Kahn (1983), is the first stage where the trainer acts as supervisor. It is in this stage that the trainee recognizes the importance of validating the cultures of others and has an understanding of how to match counseling approaches to culturally different clients. The supervisor/trainer should provide the trainee with direct counseling experiences with culturally different clients. Supervisory techniques appropriate for this stage include the following: basic session reviews, IPR, live supervision, and group supervision.

And finally, the trainee in Stage Five "seeks to take actions that promote social equality and protect cultural pluralism in society at large" (Carney & Kahn, 1983, p. 117). The task for supervisors is to help counselors clarify their personal commitment and to help them establish strategies for accomplishing their goals. All supervision techniques are appropriate during this stage.

Implications for Supervisors

Supervisors must be sensitive to meeting the challenge of providing multiculturally competent counselors for our society's increasingly diverse population. Yet accomplishing this task is not easy. One reason for this is that supervisors themselves must be adequately trained in multicultural counseling as well as sufficiently experienced in working with culturally different clients (Ponterotto, Alexander, & Greiger, 1995). Even experienced supervisors would benefit from consultation and focused supervision with a multicultural counseling emphasis (Fong, 1994). With advanced multicultural counseling training and experience, the supervisor will become more effective in the process of developing overall counselor competence. Furthermore, the client benefits from the counselor's and supervisor's better understanding of the cultural dynamics operating in the counselor/client dyad.

It is also important that training programs include practica and internship sites which serve ethnically diverse clientele (Bernard & Goodyear, 1992). When supervisees work only with clients who are members of their same cultural/ethnic group, their development of multicultural competence is hindered (Rogers, Conoley, Ponterotto, & Wiese, 1992). By applying knowledge and skills learned in the classroom to an actual counseling session with a culturally different client, a trainee's cultural awareness and sensitivity are enhanced (Wade & Bernstein, 1991).

In addition, it is vital that supervisors be aware of the possible difficulty in supervision dyads in which the counselor and supervisor are culturally/ethnically different. The few older studies (e.g., Hunt, 1987; Vanderkolk, 1974) which examined multicultural supervision suggest that multicultural supervision dyads may be more conflictual and present difficulties for both the counselor and supervisor. For instance, Vanderkolk found that African American counselors anticipated less supervisor respect, empathy, and congruence than did White counselors. Therefore, it is imperative that supervisors are aware of the possible cultural tension in the cross-cultural supervision dyad.

Finally, supervisors should be cognizant of the relationship between counselor development and multicultural competence. Carney and Kahn's (1983) model can assist supervisors in the creation of the most appropriate and beneficial training/learning environment for counselor development. The use of this model will hopefully begin discussions regarding how multicultural competence can be integrated with overall counselor preparation.

Implications for Future Research

The current literature regarding multicultural counselor training does not adequately emphasize the importance of supervision within the training process. Regardless of the amount of multicultural courses added to counseling programs, the multicultural knowledge that students attain must be applied to direct counseling experiences under the supervision of multiculturally competent supervisors. The supervision techniques described here can be used to promote effective multicultural counseling.

The impact of each supervision technique in relation to Carney and Kahn's (1983) stages of counselor development also needs examination. In surveying the literature, there was no research found on the issue of which supervision techniques are most effective when attempting to promote multicultural awareness, knowledge, and/or skills. Clearly, this information would be useful for counselor educators when developing strategies for supervision.

And finally, Carney and Kahn's model has yet to be embraced by counselor educators and supervisors. New research questions need to be designed to expand our understanding of multicultural counselor development as well as multicultural training environments.

Conclusion

With respect to the goal of using supervision as a multicultural training tool, several techniques have been offered. First, videotaping techniques (e.g., Interpersonal Process Recall, basic session review) are ideal for integrating multicultural content in the supervision process. Given the opportunity to view the counseling process, it is possible for counselors and supervisors to discuss the interpersonal dynamics of a counseling session with a culturally different client and other cultural implications. When using live supervision (e.g., consultation breaks, bug- in-the-ear), it is beneficial for the supervisor to include multicultural content in the directives sent to the counselor. Additionally, live supervision enables the supervisor to enhance and influence a trainee's cultural awareness, knowledge, and skills. Lastly, group supervision models such as Borders' (1989) peer group supervision model, can be used to highlight counselors' and clients' cultural attitudes and beliefs.

This article is an attempt to begin an integration of multicultural counseling training with counselor development by articulating how specific supervisory techniques can be applied to a counselor development model. It is the author's hope that this article will stimulate and lead to additional research on the relationship between supervision and multicultural competence. It is only through counselor educators' commitment to the infusion of multiculturalism

in counseling supervision that effective multicultural counseling training can be accomplished.

References

Bernard, J. M. (1992). Training master's level counseling students in the fundamentals of clinical supervision. *The Clinical Supervisor, 10,* 133-143.

Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision.* Boston: Allyn & Bacon.

Borders, L. D. (1989). A pragmatic agenda for developmental supervision research. *Counselor Education and Supervision, 29,* 16-24.

Carney, C. G., & Kahn, K. B. (1983). Building competencies for effective cross-cultural counseling: A developmental view. *The Counseling Psychologist, 12,* 111-119.

Cook, D. A. (1994). Racial identity in supervision. *Counselor Education and Supervision, 34,* 132-141.

Cook, D. A. & Helms, J. (1988). Visible racial/ethnic group supervisees' satisfaction with cross-cultural supervision as predicted by relationship characteristics. *Journal of Counseling Psychology, 35,* 268-273.

D'Andrea, M., & Daniels, J. (1992). Exploring the different levels of multicultural counseling training in counselor education. *Journal of Counseling and Development, 70,* 78-85.

Fong, M. L. (1994). *Multicultural issues in supervision.* Greensboro, NC: ERIC/CASS. (ERIC Document Reproduction Service No. EDO-CG-94-14).

Hacker, A. (1992). *Two nations: Black and white, separate, hostile, unequal.* New York: Charles Scribner's Sons.

Helms, J. (1984). Toward a theoretical explanation of the effects of race on counseling: A Black and White model. Counseling Psychologist, 12, 153-165.

Heppner, M., & O'Brien, K. (1994). Multicultural counselor training: Students' perceptions of helpful and hindering events. *Counselor Education and Supervision, 34,* 4-18.

Hillerbrand, E. (1989). Cognitive differences between experts and novices: Implications for group supervision. *Journal of Counseling and Development, 67,* 293-296.

Hollis, J., & Wantz, R. (1990). *Counselor Preparation 1990- 1993* (7th ed.). Muncie, IN: Accelerated Development, Inc.

Hunt, P. (1987). Black clients: Implications for supervision of trainees. *Psychotherapy, 24,* 114-119.

Johnson, S. D. (1990). Applying socio-identity analysis to counseling practice and preparation: A review of four techniques. *Journal of Multicultural Counseling and Development, 18,* 133-143.

Kagan, N. (1980). Influencing human interaction—eighteen years with IPR. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research, and practice* (pp. 262-286). New York: John Wiley and Sons.

Lee, C. C., & Richardson, B. L. (1991). Promise and pitfalls of multicultural counseling. In C. C. Lee, & B. L. Richardson (Eds.), *Multicultural issues in counseling: New approaches to diversity* (pp. 3-9). Alexandria, VA: The American Association for Counseling and Development.

Lewis, W. (1988). A supervision model for public agencies. *The Clinical Supervisor, 6,* 85-91.

Mau, W. (1995). Educational planning and academic achievement of middle school students: A racial and cultural comparison. *Journal of Counseling and Development, 73,* 518-526.

Neighbors, H. W., Caldwell, C. H., Thompson, E., & Jackson, J. S. (1994). Help-seeking behavior and unmet need. In S. Friedman (Ed.), *Disorders in African Americans* (pp. 26-39). New York: Springer Publishing Co.

Pederson, P. B. (1988). *A handbook for developing multicultural awareness.* Alexandria, VA: American Association for Counseling and Development.

Ponterotto, J. G., Alexander, C. M., & Grieger, I. (1995). A multicultural competency checklist for counseling programs. *Journal of Multicultural Counseling and Development, 23,* 11-20.

Rogers, M. R., Conoley, J. C., Ponterotto, J. G., & Wiese, M. J. (1992). Multicultural training in school psychology: A national survey. *School Psychology Review, 21,* 603-616.

Rubinstein, M., & Hammond, D. (1982). The use of videotape in psychotherapy supervision. In M. Blumenfield (Ed.), *Applied supervision in psychotherapy* (pp. 143-163). New York: Grune and Stratton.

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the multicultural counseling inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41,* 137-148.

Stone, G. L., & Archer, J. (1990). College and university counseling centers in the 1990s: Challenges and limits. *The Counseling Psychologist, 18,* 539-607.

Sue, D. W., Arrendondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70,* 477-486.

Takeuchi, D. T., Sue, S., & Yeh, M. (1995). Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles. *American Journal of Public Health, 85,* 638-643.

Vanderkolk, C. (1974). The relationship of personality, values, and race to anticipation of the supervisory relationship. *Rehabilitation Counseling Bulletin, 18,* 41-46.

Wade, P., & Bernstein, B. L. (1991). Culture sensitivity training and counselor's race: Effects on Black female clients' perceptions and attrition. *Journal of Counseling Psychology, 38,* 9-15.

Werstlein, P. O. (1994). *Fostering counselors' development in group supervision.* Greensboro, NC: ERIC/CASS. (ERIC Document Reproduction Service No. EDO-CD-94-20).

Table 1
Carney and Kahn's Model of Multicultural Counselor Development

Stage	Trainee Characteristics	Training Environment
1	Limited knowledge of other cultural groups. Views others based on ethnocentric attitudes. Counseling approaches and goals reflect trainee's world view rather than client's.	Highly structured and supportive. Trainer acts as instructor. Readings and lectures are used to provide information on cultural groups. Avoid confrontation and moralizing in processing experiential activities. Build or enhance listening skills.
2	Emerging awareness of own ethnocentric attitudes and behaviors. Knowledge of other cultural groups is not organized. Believes that his/her basic skills and knowledge are adequate to counsel persons from other cultural groups. Counseling approaches and goals reflect trainee's ethnocentrism and are applied in a role manner.	Trainer acts as instructor. Use of structured activities to examine the source and accuracy of trainee ethnocentric views. Expand counseling skills. Encourage creative utilization of counseling and goal setting to meet needs of culturally different clients.

Table 1, continued
Carney and Kahn's Model of Multicultural Counselor Development

Stage	Trainee Characteristics	Training Environment
3	Conflict associated with feelings of guilt and responsibility. Trainee either denies cultural differences or becomes immersed in another cultural group.	Trainer encourages self-review and provides readings, presentations, simulations, and encounters with persons from different cultural groups.
4	Emerging self-identity as a multiculturally competent counselor. Creatively applies counseling approaches and selects counseling goals to match the world view of the client.	Trainer acts a supervisor. Direct counseling experience is provided in multicultural settings under supervision. Varied approaches to counseling are presented, practiced, and critiqued in light of the trainee's experience.
5	Assumes a self-directed activist posture in expanding own cultural knowledge, attitudes, and skills. Challenged by decision regarding and extent of involvement in multicultural counseling situations.	Trainer acts a peer consultant by helping the trainee clarify his/her future objectives. Trainer assists in identifying and/or supplying resources needed for trainee to accomplish personal directions.

Table 2
Supervisory Techniques Applied to Carney & Kahn's Model

Stage	Supervisory Technique
1	None; Use instruction only
2	IPR
3	IPR
4	IPR, Basic Session Reviews, Live Supervision, Group Supervision
5	IPR, Basic Session Reviews, Live Supervision, Group Supervision

Cheryl Holcomb-McCoy is an assistant professor in the Department of Counseling and Personnel Services at the University of Maryland at College Park. She has been an elementary school teacher, school counselor, and a family/child therapist. Correspondence regarding this article should be sent to Cheryl Holcomb-McCoy, Ph.D., Department of Counseling and Personnel Services, University of Maryland, College Park, MD 20742.

Indicators of Sexual Abuse: A School-Based Perspective

D. Andrew Creamer

The Child Abuse Research Project (CARP) was a five-year, comprehensive research endeavor implemented to facilitate development of more effective treatment plans for sexually abused children and their families. Data were collected from 515 different children and their families across 200 variables. The CARP study examined 15 different behaviors or activities that pertained specifically to the school environment. These included: (a) participation in school activities; (b) ability to complete both class work and homework; (c) participation in extracurricular; (d) level of cooperation; (e) evidence of being withdrawn; (f) discipline history; (g) disruptive behaviors; (h) sexually inappropriate behaviors; (i) positive social skills; (j) leadership; (k) unexcused absences; (l) excused absences; (m) overall academic status; (n) special school placement; and (o) whether a student had repeated a grade in school. The findings tended to support the premise that the indicators of sexual abuse were more subtle in nature and more difficult to generalize.

Introduction

Schools are often a reflection of society. That is, whatever issues are present in an on-going society are often magnified by the microcosm called public education. Currently, in both society and school environments, there appears to be an increase in the number of children identified as having been sexually abused. Because of the possible behavioral and emotional reactions of children who have been abused, this phenomenon has the tendency to place more pressure on classroom teachers.

Sexual Abuse

Much has been written about the sexual abuse of children. From the extent of the abuse perpetrated upon the children to the impact of the abuse on those children, there has been considerable information gathered. In his review of data, Finkelhor (1984) reported prevalence rates ranging from 5% to 9% for boys and 8% to 38% for girls. Reported cases of child sexual abuse increased nationwide by 322% between 1980 and 1988 (National Center on Child Abuse and Neglect, 1989). In 1991, 404,100 cases of child sexual abuse were reported. These types of statistics permeate the literature (Creamer, 1994). The literature is also full of thoughts and ideas about indicators and possible warning signs of sexual abuse in children. However, the accuracy and validity of these criteria is questionable. Until the mid-1980s, clinical literature on the effects of sexual abuse on children was relatively sparse. Additionally, the intrinsic value of these studies were often diminished by methodological or design flaws (Berliner, 1991). Flaws included rather diverse reporting modalities for child victims as well as inconsistent definitions on what sexual abuse actually included (Finkelhor & Berliner, 1995). This was very apparent when examining the impact of the abuse on children's psychological and mental well being.

In recent years, there has been a proliferation of research which offered a more systematic and comprehensive examination of the impact of sexual abuse on children (Finkelhor, 1990). Some effects attributed to sexual abuse included problems with low self-esteem, feelings of hopelessness and depression, perceptions of being different or damaged, self-blame, guilt and fear. Also, behavioral problems, learning problems and other more blatant issues have been documented as occurring for the child during the time of the abuse, after the abuse has been disclosed, and oftentimes long after the abuse has ceased.

Among the various effects correlated with childhood sexual abuse, premature sexualization was the one most consistently noted in the literature. This process frequently led to sexual preoccupation on the part of the victim and was manifested by such attributes as age-inappropriate sexual knowledge, seductive or sexually aggressive behaviors, excessive masturbation and sexual play (Einbender & Friedrich, 1989; Beitchman, Zucker, Hood, Da Costa & Akman, 1992). Researchers suggested that, as a group, young sexually abused children demonstrated more behavior problems than non-sexually abused normal children. These children exhibited more sexual problems than a sample of psychiatric outpatients (e.g., masturbation and preoccupation with sexual matters).

Other effects were somewhat less delineated, but several symptomatology clusters were identified. Common affective dimensions included depression (Wozencraft, Wagner & Pellegrin, 1991), anxiety (Horowitz, 1985), and fear,

anger and low self-esteem (Finkelhor, 1990; Berliner & Saunders, 1996). Suicidal ideation was also prevalent, especially among older children whose mothers or other primary caretakers were less compliant with treatment recommendations (Wozencraft et al., 1991). Behavioral indices were varied. Among those identified by Schultz and Jones (1985) were nightmares or night terrors, arriving for school early or leaving late, poor relationships with adults or peers accompanied by sex and role confusion, and a recent history of running away from home. Other behavioral indicators included insomnia, sudden massive weight gain or loss, sudden school failure or truancy (Horowitz, 1985). Clinging and other infantile behaviors were also particularly notable among children under the age of 6 years. Among the more common long-term effects displayed by children were substance abuse, difficulty in trusting others and isolationist behavior (Finkelhor, 1990).

None of the above symptoms, considered alone, however, was sufficient to establish a presumption of childhood sexual abuse. Conversely, the absence of these symptoms did not negate the possibility of sexual trauma. Finkelhor (1990) noted that most studies identified a significant group of victims with minimal or no symptomatology. Undoubtedly, there were multiple factors to account for the absence of apparent disturbance, but Berliner (1991) suggested that those children who were asymptomatic might have had more effective support groups upon which to rely, as well as superior coping skills.

The relative seriousness of the abuse was also an important consideration. Greater frequency, duration and intensity were correlated with more serious outcome, as was abuse perpetrated by a victim's biological or stepfather (Beitchman et al., 1991).

The child's age and corresponding developmental stage was also significant in assessing symptomatology. As previously noted, Horowitz (1985) observed a greater incidence of regressive behaviors among preschool age victims, such as clinging to the mother. Among school age children, signs of anxiety, fear, depression, insomnia, weight fluctuation, academic failure and truancy were all in evidence. By adolescence, aggressive behaviors were more prominent and often directed toward the mother, who the victim blamed for a lack of protection.

The risk of self-destructive behaviors also seemed to increase with age (Wozencraft et al., 1991). Though reasons were not entirely clear, conceivably it could be because older victims became increasingly vulnerable as their own emerging cognitive maturity left them better able to understand and internalize the full range of societal reactions to child sexual abuse.

Since the literature surrounding abuse reflected symptomatic clusters, there surfaced the question of whether or not all children who had been

sexually abused actually exhibited these types of behavior. While considerable information on possible signs and symptoms of sexual abuse existed, some of the current literature reported that many children were asymptomatic. In other words, some children demonstrated visible signs of being traumatized and some children did not. The task, then, appeared to be the identification of children who had been traumatized and the delivery of appropriate services to them.

Method

In an endeavor to define the symptomology further, the Child Abuse Research Project (CARP) was initiated in 1991 to identify as many variables as possible that had been used to describe the impact of sexual abuse on children (Creamer, 1994). As an outgrowth of that initial study, a major project that spanned five years (1992-1997) ensued where information was collected on 515 sexually abused children and their families across a spectrum of 200 variables. This information was collected through interviews with individuals, interviews with families, standardized observations, self-report instruments, and standardized instruments. The intent of this study was to provide a database by which a more accurate profile of the abused child and his or her family could be obtained. This study was not designed to compare the sexually abused children with other children who had not been abused.

Each child in the study was initially referred to one of two sites of the Sexual Abuse Treatment Program by outside sources, such as the Child Protection Team, the State Department of Child and Family Services, school personnel, pediatricians, family physicians, and mental health professionals. The basis for referral was that the child be a confirmed victim of sexual abuse.

After the referral, the child and his or her parents or caretakers were scheduled for an orientation session at Arnold Palmer Hospital. At the orientation, parents/caretakers/guardians were given a variety of forms to complete, including the Child Behavior Checklist, the Child Questionnaire, and the Initial Intake Form, as well as appropriate consent forms and releases of information. Forms were completed on site and the screening process was scheduled.

During the screening, the therapist requested the parent/caretaker complete a number of tasks, including the Clinical Interview Form. This form was used to validate some of the self-report measures previously used.

Finally, after all information had been gleaned from the child and his or her family, collateral contacts were initiated. These contacts included the schools, where the child's teacher(s) were requested to complete the Child Behavior Checklist and the Student Performance Survey. Information was then com-

piled to generate a Client Profile, was then taken to the Treatment Team for staffing.

Because of the nature of some of the research instruments, the investigative team decided to limit the study to children 4 years old and older. Younger children were referred immediately to a developmentally appropriate program. The children who remained came in all different shapes, sizes, ages, and environments. However, the one thing they all had in common was their disclosure of being victims of sexual abuse.

Another factor the children had in common was that they all were students in school. So other than disclosing, what other signs, symptoms or behaviors might be presented by sexually abused children in a school environment? In the CARP, 15 different behaviors or activities were assessed that pertained specifically to the school environment (Creamer, 1994). These behaviors and/or activities included: (a) the student's participation in regular school activities; (b) the student's ability to complete both class and homework assignments; (c) the student's participation in extracurricular activities; (d) whether or not the student was cooperative in the school environment; (e) whether or not the student was withdrawn; (f) the discipline history of the student; (g) whether or not the student was disruptive in class; (h) the student's presentation of sexually inappropriate behavior at school; (i) positive social skills; (j) leadership; (k) unexcused absences; (l) excused absences; (m) the student's overall academic status; (n) any type of special placement within the school system; and (o) whether or not the student had repeated a grade in school. These areas were by no means exclusive, but were decided upon by the team of specialists as areas of concern.

Findings

Of the 515 children in the study, 458 (88.9%) generally participated in regular school activities and 479 (93%) remained fairly consistent with their homework. Interestingly, of the 479 children who regularly completed their homework, 441 (92%) reported they had a standard place at home to do their work and 407 (85%) reported parent participation with their homework assignments. Conversely, while by no means conclusive, 31 of the 36 children who did not do their homework reported they had no consistent place to do their work and 29 of the 36 reported they had no parent participation in their studies. Again, while this was not a focal point of the study, the team found this a very interesting side fact.

The next set of variables considered were factors relating to school not necessarily connected to academic performance. Of the total number of children, 399 (77.5%) were in some way active in extracurricular activities such as sports, clubs, or organizations; 482 (93.6%) exhibited acceptable social

skills; 407 (79%) were usually cooperative at school; and 346 (67.2%) were in some type of leadership activity in school (i.e., club membership, student government). Overall, parents of these children did not report any significant changes in these areas.

However, when examining possible negative behaviors, 340 (66%) children were sometimes withdrawn while at school; 56 (11%) were occasionally disruptive at school; and 17 (3.3%) exhibited inappropriate sexual behavior at school. The majority of the parents (94.4%) of the children exhibiting withdrawal type behaviors did not concur with their child's reporting of this variable. At worst, most felt that their children had periods of being moody, but that was perceived as normal and attributed the moodiness to the abuse. The parents of the disruptive children almost unanimously (53 out of 56, or 94.6%) blamed the disruptive behavior on the abuse. Of the 17 children viewed as acting out sexually, 9 of were from elementary school and involved touching others inappropriately, 6 were from middle school and involved both dress and sexually provocative behavior, and 2 were from high school and involved both dress and behavior.

When the issue of school interventions was investigated, it was discovered that 4 (0.8%) children had significant discipline problems in school (four or more school interventions); 63 (12.2%) had evidence of discipline problems in school (three or less school interventions); and 448 (87%) had no discipline problems in school. Overall, discipline issues at school did not appear to be a significant factor in these cases

Since discipline was not a major issue, the question of whether or not these children attended school regularly was posed next. Perhaps the children were not discipline problems because they did not attend school. However, of the 515 children in the study, 27 (5.2%) reported consistent truancy from school (5 or more unexcused absences during last completed grading period), 68 (13.2%) reported occasional truancy from school (four or less unexcused absences during last completed grading period), and 420 (81.6%) reported no truancy from school during last grading period. Based upon this information, the majority of these children were not truant from school. So did this mean that most of these children were in regular school attendance? To answer this question, the numbers of excused absences were then examined. That is, the child was absent from school, but the parents had provided sufficient information to justify the absence. Again, looking at the total number of children in the study, in the last completed grading period, 69 (13.4%) reported twelve (12) or more excused absences, 96 (18.6%) reported at least seven (7) but less than twelve excused absences from school, 120 (23.3%) reported at least four (4) but less than seven absences from school, 124 (24.1%) reported at least one (1) but less than four absences from school, and 106 (20.6%) reported no excused absences from school.

From these findings, it was apparent that many of these children were missing school. When this issue was pursued with the parents, an overwhelming majority of them reported that the illnesses and excused absences from school definitely increased over the time period that the abuse was occurring. In fact, only 21 (4%) of the parents were confident that there had been no changes in illnesses or absences during the time period of the abuses. Many of the parents reported that their children were experiencing an increase in illnesses, but because of lack of child care during the day when the parents were working, the children were sent to school anyway.

Along the same lines, the research team felt that it was necessary to assess the overall academic standings of the children involved in the study. Sometimes a dramatic shift in academic performance can be an indicator of underlying problems. Of the total number of children in the study, 162 (31%) were identified as being above average students, 198 (38%) were identified as being average students, 107 (21%) were identified as below average students, and 48 (9%) were identified as failing in school. The parents of the 162 above average students reported that there were no significant changes in the academic performance of their children during the time the abuse was occurring. However, 71 (35.9%) of the parents of the average students, 64 (59.8%) of the parents of below average students, and 32 (66.7%) of the parents of students failing in school reported a decline in the academic performance of their child since the abuse occurred. Overall, 167 (32.4%) of the children, or roughly one third, exhibited a decline in their academic status after the abuse began.

Of the 515 children in the study, 69 children (13.4%) were in special placement in school. Of the 69 children with special academic placements, 15 (21.7%) were in Gifted, 22 (31.9%) were in Emotional Disabled, 1 (1.4%) was in Mentally Disabled, 28 (40.6%) were in Learning Disabled, 1 (1.4%) was in physical therapy, and 2 (2.9%) were in Speech and Hearing. These placements appeared to have no bearing on the reactions to the abuse.

Finally, of all the children in the study, 8 (1.6%) had repeated a grade in school. Again, this appeared to have no relevance to the impact of sexual abuse. It may speak to the vulnerability of the child, but not necessary as a result of the child's experience.

Discussion

So what does all this tell us? Well, first of all, the findings of this study suggest that some of the signs and symptoms of sexual abuse that are so often promoted do not appear to be supported here. Overall, the students involved in this project participated in regular school activities, remained consistent with their homework, were generally active in extracurricular activities, and

exhibited decent social skills. These types of overt indicators of personal competence tended to denote that the student was doing quite well in the school environment, and this was generally supported by the parents of these children.

The two primary areas that drew the concern were school attendance and academic performance. While truancy did not present as a primary problem, parental approved absenteeism appeared to be a significant issue. That is, over 55% of the children reported at least four excused absences over the last grading period. Concomitant with this, 96% of the parents in the study believed that their child's health had been adversely affected by the abuse, and consistent school attendance had become problematic. Because of lack of resources, however, many of these students were sent to school anyway, regardless of their health status.

As far as school performance was concerned, approximately one third of the project's population appeared to be adversely impacted by the abuse. This could be connected to the absenteeism, but it is important to note that the student's decline in academic performance was significant enough to be of concern to the parents. That is, they believed that the change in behavior at school was directly attributable to the sexual abuse.

All in all, the data from the CARP study confirmed that sexual abuse had significant impact on children and their families. What the study did not conclude was whether there were specific signs and symptoms that children would present at school after being abused. For the teacher and the school counselor, this lack of conclusiveness means that they need to be more aware of even minimal changes in a child's demeanor or behavior.

Conclusion

While it is clear that childhood sexual abuse can be, and often is, traumatic for its victims, children's reactions to the abuse are neither universal nor necessarily predictable (Rencken, 1989). Signs and symptoms of abuse that have been traditionally used to identify abused children may no longer be effective indicators.

Despite the importance given to healthy environments for healthy development, school counselors and mental health professionals continue to identify dysfunctional family patterns that prevent families from supporting traumatized children and adolescents. If sexually abused children are to sustain minimum damage to their development, clinicians must be able to help the family system strengthen its resources and coping skills.

Family therapists have, historically, viewed presenting symptomatology as evidence of dysfunction within the entire family unit. Therefore, if one does not treat the family as a whole, one cannot help the child. In fact, it is argued that individual therapy may in some cases exacerbate familial distress by ignoring parental behaviors that maintain the child's symptoms or continue to place the child at risk (Kaslow & Racusin, 1990).

The clinical and philosophical synthesis of competing perspectives offers a potential for an overall enhancement of service delivery (Pogge & Stone, 1990). There is a developing consensus that a multimodal intervention is the most effective. Furniss (1991) viewed the multimodal approach as being particularly well suited for issues facing sexual abuse victims and their families. Individual and group interventions, he argued, are important conduits through which victims and other family members can work on issues involving privacy, autonomy, intimacy and individuation. Family therapy complements the process by helping members develop more appropriate connectedness and interrelating within the family.

The point is that although specific implementation strategies may vary, the literature reflected an increasing emphasis on the importance of family interventions. As Rencken (1989) suggested, the family systems model offers the best hope for breaking the cycle of abuse by providing a form of primary prevention that helps to inoculate the family against future eruptions of dysfunctional behaviors. Lanyon (1986) concurred, pointing to the importance of the psychodynamic interplay among family members and the need to make this a primary focus of treatment.

Early in life, all individuals experience a primary object relationship with a parental figure. The nature of those interactions influences the quality of relationships throughout the remainder of a person's life. How parents and the family react to a wide range of experiences (including traumatic events) that children might endure will also influence children's perceptions of the events (James, 1989).

Major deviations from a safe, nurturing environment interfere with children's normal process of separation and individuation (Mahler, 1975). Conversely, the process of separation and individuation has a direct impact on children's ability to develop relationships, develop a sense of self and develop appropriate inter and intrapersonal boundaries. Consequently, children who grow up in chaotic and unsafe environments are vulnerable to outside forces, such as manipulation and coercion. Obviously, the lack of boundaries becomes a major issue for incest families and for sexually abused children.

Providing treatment to children and families where sexual abuse is a problem can intervene in the abuse cycle, but cannot break the cycle of child

maltreatment. Communities must develop strategies to prevent abusive or neglectful patterns from happening. While there appears to be a general consensus among experts that the causes of child abuse and neglect are quite complex, it is possible to isolate some of the factors contributing to child maltreatment and develop prevention initiatives to reach children and families.

Many communities are developing family resource programs designed to provide families with the information and support necessary to strengthen family and community life, thus enhancing the growth and development of children. Information gleaned from projects such as CARP, suggest that more educational programs need to be developed. If there are children in the schools who have been traumatized, it seems that raising the knowledge level in service delivery areas would help facilitate the disclosure of abuse and facilitate more timely interventions.

References

Berliner, L. (1991). Clinical work with sexually abused children. In C. R. Hollin & K. Howells (Eds.), *Clinical approaches to sex offenders and their victims*. Chichester, England: Wiley.

Berliner, L. & Saunders, B. (1996). Treating fear and anxiety in sexually abused children: Results of a controlled 2-year follow-up study. *Child Maltreatment, 1(4)*, 294-309.

Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., & Akman, D. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16*, 101-118.

Creamer, D. A. (1994). *The child abuse research project: Treatment implications*. Altamonte Springs, Florida: Family Research & Guidance Center.

Einbender, A. J., & Friedrich, W. N. (1989). Psychological functioning and behavior of sexually abused girls. *Journal of Consulting and Clinical Psychology, 57*, 155-157.

Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice, 21*, 325-330.

Finkelhor, D. (1984). *Child sexual abuse: new theory and research*. New York: Free Press.

Finkelhor, D. & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 1408-1423.

Friedrich, W. N., Urquiza, A., & Beilke, R. L. (1986). Behavior problems in sexually abused young children. *Journal of Pediatric Psychology, 11*, 47-57.

Furniss, T. (1991). *The multi-professional handbook of child sexual abuse*. London: Routledge.

Horowitz, J. E. (1985). Sexual abuse of children: A review of victim symptomatology, offender behavioral patterns, and treatment methods. *American Mental*

Health Counselors Association Journal, 7, 172-179.

James, B., (1989). *Treating traumatized children: New insights and creative interventions.* Boston: Lexington Books/Macmillan.

Kaslow , N J. & Racusin, G. R.(1990). Family therapy or child therapy: An open or shut case. *Journal of Family Psychology, 3,* 273-289.

Lanyon, R. I. (1986). Theory and treatment in child molestation. *Journal of Consulting and Clinical Psychology, 54,* 176-182.

Mahler, M. S., (1975). On the current status of the infantile neurosis. *Journal of American Psychoanalytic Association, 23,* 327-333.

National Center on Child Abuse and Neglect. (1989). *State statutes related to child abuse and neglect: 1988.* (Available from the Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182, Washington, D.C. 20013).

Pogge D. L., & Stone, K. (1990). Conflicts and issues in the treatment of child sexual abuse. *Research and Practice, 21,* 354-361.

Rencken, R. H. (1989). *Intervention strategies for sexual abuse.* Alexandria, VA.: American Association for Counseling and Development.

Schultz, R. H., & Jones, P. (1985). Sexual abuse of children: Issues for social service and health professionals. *Child Welfare, 62,* 99-108.

Wozencraft, T., Wagner, W., & Pellegrin, A. (1991). Depression and suicidal ideation in sexually abused children. *Child Abuse & Neglect, 15,* 505-511.

D. Andrew Creamer is an assistant professor and program director of the Counselor Education Program, Department of Educational Services at the University of Central Florida. He is also clinical director of the Sexual Trauma Recovery Center, Arnold Palmer Hospital for Children and Women in Orlando, Florida. Correspondence regarding this article should be sent to D. Andrew Creamer, Ed.D., Department of Educational Services, University of Central Florida, Orlando, FL 32816.

"*Poetry is the art of creating imaginary gardens with real toads.*"

—Marianne Moore

Counseling Students' Perspectives on Training in Diversity Issues

Lorraine J. Guth
J. Michael Tyler
Kelly McDonnell
Danielle Lingle

This article presents a study to determine students' perspectives of diversity training in counseling programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

The standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 1994) requires programs to provide curricular and experiential opportunities in multiculturalism and diversity. Specifically, the standards require studies in these areas that include "attitudes and behavior based on factors such as age, race, religious preference, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status, and intellectual ability" (CACREP, p. 49). The American Psychological Association (APA) accreditation criteria also specify that training programs must develop knowledge and skills in their students relevant to human diversity (APA, 1983). This endorsement of diversity training by major accrediting associations underscores its position of central importance as a focus of graduate training in human service related fields of study.

Researchers have been eager to monitor the progress training programs have made toward incorporating some aspects of diversity into training curricula (Constantine, Landany, Inman, & Ponterotto, 1996). However, most survey research has focused on describing the curriculum content related to

racial/ethnic concerns as reported by trainers or training directors of a variety of different types of human service training programs (e.g., Arredondo-Dowd & Gonsalves, 1980; Bernal & Pedilla, 1982; Boxley & Wagner, 1971; Dinsmore & England, 1996; Hills & Strozier, 1992; Kanitz, Mendoza, & Ridley, 1992; Phillips & Fischer, 1998; Quintana & Bernal, 1995; Wyatt & Parham, 1985).

One study by Allison, Crawford, Echemendia, Robinson, and Knepp (1994) surveyed doctoral level graduates of APA approved counseling and clinical psychology programs who completed their programs between 1985 and 1987. This research was unique because it attempted to obtain the perspective of individuals who had participated in the training rather than those providing the training. However, it was limited in scope because it focused only on doctoral level participants in APA approved programs, and thereby excluded a large portion of trainees and future service providers. While it is valuable to understand the training provided in APA approved programs, it is also extremely important to uncover training provided to the individuals associated with ACA since they will provide the majority of mental health services in the coming years.

The 1990 U.S. Census clearly demonstrates that the United States population is becoming increasingly diverse. For example, Sue, Arredondo, and McDavis (1992) state that "... by the year 2000 more that one-third of the population will be racial and ethnic minorities,..."(p.67). With these demographic changes, all mental health practitioners can expect to interact with clients from diverse backgrounds (see also Bluestone, Stokes, & Kuba, 1996; Constantine et al., 1996; Wyatt & Parham, 1985). In addition to racial/ethnic changes, other issues of diversity are becoming increasingly salient to the work of mental health professionals. Issues of sexual orientation (Buhrke, 1989; Liddle, 1997; Morin & Charles, 1983; Phillips & Fischer, 1998), religion and spirituality (Moon, Bailey, Kwasny, & Willis, 1991; Ridley, 1986), and gender (Russo & Sobel, 1981; Sue et al., 1992) are increasingly being recognized for their important impact on the counseling process.

Wyatt and Parham (1985) cite numerous references that suggest that cultural sensitivity effects every aspect of the counseling relationship. Moreover, they identify specific areas that are impacted by cultural factors, including expectations of therapists and clients, diagnosis, level of self-disclosure, and therapy process and outcome. Lopez et al. (1989) noted that the therapeutic process is inevitably affected by therapist biases as a result of individual values.

Within the literature, there remains uncertainty concerning the best or most appropriate methods for training in diversity. Students, as they transition into professional settings, become immediately aware of their own sense

of competence and knowledge. By seeking student opinions, we hoped to identify strengths and weaknesses of current training approaches that may not be identified by other means of inquiry. Pertinent questions concern trainees' level of awareness of diversity issues, their commitment to such training, and whether or not they believe that training has helped them become more knowledgeable, comfortable, and prepared to work with diverse populations. Only three surveys were identified which tapped students' perspectives on any aspect of diversity training. Two surveys were of limited scope, by focusing on gay, lesbian, and bisexual issues in training and surveying predominately female psychology doctoral students (Buhrke, 1989; Phillips & Fischer, 1998). A third study focused only on multicultural training among counseling psychology doctoral students (Constantine et al., 1996).

The present study is part of a larger programmatic research effort aimed at assessing the effectiveness of diversity training in graduate counseling programs, as reflected by the attitudes, opinions, and perceptions of students. A general survey instrument was devised to collect data concerning a variety of student reactions to four specific areas of diversity training: racial/ethnic, lesbian/gay/bisexual, religious/spiritual, and gender training.

The aim of the present research was to better understand the perception of graduate students concerning their training in diversity issues. The information presented in this paper represents a quantitative analysis, is descriptive in nature, and is designed to convey the attitudes and beliefs of students being trained in counseling and related fields.

Method

Participants

Participants in this study were graduate students enrolled in CACREP accredited counseling programs. A total of 16 different schools from all four ACA geographic regions within the continental United States were represented (5 Midwest, 1 North Atlantic, 8 Southern, 2 Western). The 120 respondents (68.1 % female and 31.9% male) ranged in age from 22 to 56, with a mean age of 34.5. Eighty-four percent of the participants were enrolled in school full-time. Fifty-three percent of the responses were from students pursuing a master's degree, and with the exception of one educational specialist, the remaining 47% were pursuing a degree at the doctoral level. Finally, 50% of the respondents had completed 43 or more hours of graduate work.

Instrument

A four-page survey was developed by the researchers and constructed using two strategies. First, previous diversity surveys were reviewed for format, style, and content. Second, four aspects of diversity that were found in the literature were identified for inclusion in the survey (racial/ethnic, lesbian/gay/bisexual, religious/spiritual, and gender issues).

The survey was divided into sections focusing on each of these topics. Each section included both a series of closed ended, Likert-type questions and open-ended items. On the 5 point Likert scale, a 1 was identified as extremely satisfied, and a 5 was identified as extremely dissatisfied. Questions focused on student perceptions and opinions about the perceived importance of training focusing on specified population, and their own knowledge and comfort working with the population, preparation to work with the population, level of satisfaction with current training, and perceptions of faculty preparation in each area. A number of open-ended questions presented to the respondents provided an opportunity to express opinions on other facets of diversity training. This instrument was first pilot tested with a small sample of graduate students for feedback and refinement. The final version of the survey was then positively reviewed by two experts in the field of multicultural and diversity issues. Copies of the survey are available from the authors upon request.

Procedure

Using a published list of CACREP accredited training programs (CACREP, 1993), all institutions that had master's and doctoral level programs were selected for inclusion in the study. Training directors were contacted at each site, and asked to distribute surveys to an equal number of doctoral and master's students enrolled in their counseling program(s). Each survey included a cover letter to the student describing the purpose and scope of the research. Students were instructed to complete the survey, seal it in an envelope provided by the researchers, and return the sealed survey to the training director. Training directors then placed all sealed envelopes into a self-addressed stamped envelope to be returned to the research team. While no identifying data was maintained on any respondent, all surveys were coded to allow respondents the opportunity to remove their responses from the sample if they chose not to participate at a later time. This coding also allowed the researchers to identify the number of surveys returned from each institution, without identifying that institution by name. Of the 28 institutions contacted, 16 schools (57%) returned 120 usable surveys.

Results

Racial/Ethnic Issues

Eighty-five percent of respondents expressed a feeling of being knowledgeable with issues related to race or ethnicity. A higher proportion (97.5%) felt that such training was necessary, and 93.3% felt this training should be required. In support of the quality of this training, 77% of students reported satisfaction levels between 1 and 3 on a five-point Likert scale. Thus, students reported an overall positive level of satisfaction. Further, 81.4% stated they had opportunities to work with racial/ethnic populations. However, when asked about the level of faculty training in this area, 28.8% of students felt their faculty were not well trained. It is noteworthy that a proportion of respondents (7.5%) chose not to respond to the question of faculty competence in racial/ethnic diversity training.

Gender Issues

Ninety-one percent of respondents reported they were knowledgeable in gender issues. When asked about their level of preparation, 97.5% stated they were prepared to work with females while only 89.1% expressed a similar level of preparation to work with males. One hundred percent of respondents reported they were comfortable working with females, while only 90.8% felt comfortable working with males. Eighty-four percent of respondents stated that their faculty were well trained in gender issues, and overall, 73% expressed satisfaction with the quality of gender training in their program.

Lesbian/Gay/Bisexual Issues

The responses of individuals in this area suggest that these issues have not received the same level of attention as racial/ethnic issues. Overall, 73.1% of respondents indicated that they felt knowledgeable about sexual orientation issues, and 76.5% stated they were comfortable working with individuals from these populations. However, only 50.4% stated they were adequately prepared to work in this area, suggesting that levels of comfort and knowledge do not translate directly to skills. An important training component, experience, is less available in this area with only 57.7% of respondents reporting they had opportunities to work with a gay, lesbian, or bisexual population. Further, while 91.5% felt that training in this area is necessary, only 74.6% believed that such training should be required. Student satisfaction with training in this area is less positive; only 44.8% felt their program faculty were well trained in this area and 41% rated their level of satisfaction as a 4 or 5 on a five point Likert scale, expressing strong dissatisfaction.

Religious/Spiritual Issues

Fewer individuals felt knowledgeable about issues in the religious/spiritual realm than in any other area, with only 71.4% feeling knowledgeable. This suggests that this area of training has received less attention in the programs surveyed than the other areas addressed in our research. Forty percent of the respondents reported opportunities to work with religious/spiritual populations and only 34% of students felt their faculty were well trained in this area. Fifty-seven percent of respondents rated their level of satisfaction as a 4 or 5 on a five-point Likert scale, expressing strong dissatisfaction.

Barriers to Effective Diversity Training

Another area addressed related to barriers to effective diversity training within the programs surveyed. The most frequently cited obstacle to providing optimal diversity training was its low priority in relation to other areas of training, endorsed by 44% of respondents. Additionally, 37.5% cited a lack of financial support, 35.8% cited a lack of diverse faculty, 33.3% cited a lack of diverse client population, 30% cited a lack of a diversity expert, 22% cited a lack of administrative or faculty support, and 18.3% cited a lack of student interest as a barrier.

Improvements in Diversity Training

Eighty-five percent of the respondents answered the question that asked, "If you could improve the diversity training provided by your program, what changes would you institute?" Eight percent of those respondents felt that it was important to have counseling experiences with diverse clients. Having a diverse faculty was another change that was voiced by 10% of the respondents. Specific suggestions included hiring Native American, Asian, women, and lesbian/gay/bisexual faculty members. Thirty-eight percent of the respondents suggested diversity courses needed to be improved, developed, and/or required. For example, one individual felt that gender, racial, and lesbian/gay/bisexual courses needed to be offered and should include theory, skill building, and the relationship between counselor and client. Another respondent felt that a class should be offered which specifically addresses men's issues. Curriculum content was discussed by 17% of the respondents. For example, several individuals felt that diversity training needs to be integrated into the entire training program and not just confined to specific courses. The addition of guest lecturers, seminars, more intense workshops, and training in religious/spiritual, gender, and lesbian/gay/bisexual issues was also suggested.

In summary, respondents felt diversity training could be improved by adding: training experiences with diverse clients; diverse faculty; course work that addresses gender, racial/ethnic, lesbian/gay/bisexual, and religious/spiritual issues; and curriculum content that focuses on the theoretical and practical issues of counseling diverse populations.

Discussion

When comparing the four domains explored in this study, it is interesting to note several specific trends. In each of the four areas, at least 70% of respondents reported feeling knowledgeable. There was more variance in the percentage of individuals who felt their faculty were well trained across the four domains, ranging from 34% (religious/spiritual) to 84% (gender). With regard to knowledge and faculty competence, gender ranked highest, followed by racial/ethnic, lesbian/gay/bisexual, and religious/spiritual. In general, respondents were more satisfied with racial/ethnic and gender training than lesbian/gay/bisexual and religious/spiritual training. This suggests that gender issues and racial/ethnic issues are receiving a higher level of attention in the graduate training programs surveyed.

Another interesting finding relates to student opportunities to work with various diverse populations. Most students (81.4%) stated they had opportunities to work with ethnic or racially diverse populations. However, this percentage dropped to 57.7% for lesbian/gay/bisexual populations and to 40% for spiritual or religiously diverse populations. This suggests that students are not obtaining as much practical experience as they are other forms of training.

In each area of diversity training addressed in this survey, a larger percentage of respondents felt that training was necessary than felt that it should be required. In each of the four domains, at least 83% of respondents felt that training is necessary. These figures range from 83-98%, whereas the numbers for required status ranged from 66-93%. Higher percentages of respondents believed that training in racial/ethnic and gender issues is necessary and should be required.

The data offer compelling evidence that some aspects of diversity training are being adequately addressed. This is particularly true in the areas of racial/ethnic and gender issues. In spite of these positive findings, there is ample evidence that diversity training continues to be neglected in counselor education in other areas including lesbian/gay/bisexual and religious/spiritual issues.

In relation to perceived faculty competence, a significant discrepancy exists. Over 70% of students believed their faculty were well trained in the

areas of racial/ethnic and gender issues, while less than 50% believed their faculty to be well trained in lesbian/gay/bisexual issues. Perceived faculty competence falls to only 34% in the area of religious/spiritual issues. This finding underscores the need for continuing education of current faculty in these areas as well as a need to emphasize these aspects of diversity in training the next generation of counselor educators.

In a parallel finding, students identified higher levels of knowledge and preparation to work with racial/ethnic and gender issues as compared to religious/spiritual and lesbian/gay/bisexual issues. Similarly, students identified greater opportunities to work with racial/ethnic and gender issues in their clinical experiences. These results reinforce the finding that diversity training in other domains needs to be broadened in courses as well as practicum and internship experiences. This is consistent with the results reported in Phillips and Fischer (1998).

Student dissatisfaction with their level of training and exposure to diversity issues demonstrates a personal awareness of the need to be appropriately trained in this area. This is further evidenced by the majority of students who believe that training in the four areas of diversity covered in this study (e.g. lesbian/gay/bisexual, gender, racial/ethnic, religious/spiritual) should be required.

It is necessary to offer several cautions in interpreting the results of this study. First, as in all cross-sectional survey research, it is very difficult to know precisely who survey respondents are. It is possible that surveys were distributed within the context of a diversity course. Therefore, respondents may differ from other individuals in those programs as to their level of interest or knowledge in diversity issues. Furthermore, students at other institutions may have volunteered to complete the survey, resulting in a skewed sample of individuals with a higher than average concern for diversity issues. This seems a reasonable consideration as students with less interest in diversity issues may be less motivated to spend the time necessary to complete a survey of this type.

It should also be noted that this survey was designed to look at four specific domains chosen because of their high profile within the counseling literature and training materials. These domains do not represent all of the possible ones that might be considered, and a large number of additional domains can be imagined.

Two final weaknesses should be noted, both of which are inherent in survey research. First, surveys are a snapshot in time. They convey an amount of static information concerning a limited point in history. In an area like diversity training, where many programs are consciously striving to improve their offerings, it can be expected that the actual level and quality of training

changes from semester to semester. Finally, surveys always have the potential to reflect biased information. Respondents angry toward a particular program or faculty member may exaggerate their displeasure in this anonymous setting. Others, feeling pride in their school, may report an overly optimistic picture. Such limitations of survey research must be considered, and before accepting results of such research as always valid, findings should be considered only in light of corroborating or dis-confirming evidence of other research in the area.

Turning to some relative strengths of this research, the authors were satisfied with the overall 57% participation rate of the schools contacted. While not as high as desired, this rate is considered good (Babbie, 1983). The authors were also pleased with the wide geographic distribution and varying sizes of the programs responding. These factors support the generalizibility of the findings.

These findings represent a positive step in understanding the level of diversity training counselors are presently receiving. These results also provide important information concerning the breadth and quality of this training. Future research that extends this work will be beneficial in translating these findings into concrete steps for improvement of diversity training. In addition, there are still areas of diversity that need to be researched and focused upon that are not included here. Specifically, issues of physical differences remain relatively under-identified, and an increased focus in this area is needed. Issues of cognitive differences, particularly the needs of client's who are intellectually gifted or have mental retardation are other areas that have yet to be adequately addressed.

It is also important that future research carefully assess the quality of training strategies. Penderson (1998) feels that in the area of cultural issues, little has changed in the way counselors are educated. He feels it is important for counselor educators to infuse a culture-centered perspective throughout the curriculum. Similarly, Fischer, Jome, and Atkinson (1998) have developed a theoretical model for multicultural counseling that focuses on a common factors approach. Outcome research needs to carefully assess the effectiveness of these and other training strategies such as those proposed by Arredondo et al. (1996).

The results of this research demonstrate that issues of diversity are being addressed in counselor education programs. Unfortunately, it appears that in some cases diversity in the curriculum narrowly focuses on racial/ethnic issues. A true celebration of diversity requires a much broader understanding of individual differences. There are positive signs already that counselors and counselor educators are seeking this broader understanding of diversity. This study has identified student dissatisfaction with their level of training,

particularly in the area of lesbian/gay/bisexual issues and religious/spiritual issues. This suggests that respondents are well aware of their needs for diversity training and will continue to push counselor educators to improve upon their training approaches in these areas. This bodes well for the future of counselor education as this cadre of future educators matures and increasingly shapes curriculum and training content.

References

Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence. *American Psychologist, 49,* 792-796.

American Psychological Association (1983). *Criteria for accreditation of doctoral training programs and internships in professional psychology.* Washington, DC: Author.

Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24,* 42-78 .

Arredondo-Dowd, P. M., & Gonsalves, J. (1980). Preparing culturally effective counselors. *Personnel and Guidance Journal, 58,* 657-662.

Babbie, E. (1983). *The practice of social research.* Belmont, CA: Wadsworth Publishers.

Bernal, M. I., & Pedilla, A. M. (1982). Status of minority curricula and training in clinical psychology. *American Psychologist, 37,* 780-787.

Bluestone, H. H., Stokes, A., & Kuba, S. A. (1996). Toward an integrated program design: Evaluating the status of diversity training in a graduate school curriculum. *Professional Psychology: Research and Practice, 27,* 394-400.

Boxley, R., & Wagner, N. N. (1971). Clinical psychology training programs and minority groups: A survey. *Professional Psychology, 2,* 75-81.

Buhrke, R. A. (1989). Female student perspectives on training in lesbian and gay issues. *The Counseling Psychologist, 17,* 629-636.

Constantine, M. G., Ladany, N., Inman, A. G., & Ponterotto, J. G. (1996). Students' perceptions of multicultural training in counseling psychology programs. *Journal of Multicultural Counseling and Development, 24,* 241-253.

CACREP Directory of Accredited Programs. (1993, Winter). *The CACREP Connection.*

Council for the Accreditation of Counseling and Related Educational Programs (1994). *CACREP accreditation standards and procedures manual.* Alexandria, VA: Author.

Dinsmore, J. A., & England, J. T. (1996). A study of multicultural counseling training at CACREP accredited counselor education programs. *Counselor Education and Supervision, 36,* 58-76.

Fischer, A. R., Jome, L. M., & Atkinson, D. R. (1998). Reconceptualizing multicultural counseling: Universal healing conditions in a culturally specific context. *The Counseling Psychologist, 26,* 525-588.

Hills, H. I., & Strozier, A. L. (1992). Multicultural training in APA-approved counseling psychology programs: A survey. *Professional Psychology: Research and Practice, 23,* 43-51.

Kanitz, B. E., Mendoza, D. W., & Ridley, C. R. (1992). Multicultural training in religiously-oriented counselor education programs: A survey. *Journal of Psychology and Christianity, 11,* 337-344.

Liddle, B. J. (1997). Gay and lesbian clients' selection of therapists and utilization of therapy. *Psychotherapy, 34,* 11-18.

Lopez, S. R., Grover, K. P., Holland, D., Johnson, M. J., Kain, C. D., Kanel, K., Mellins, C. A., & Rhyne, M. C. (1989). Development of culturally sensitive psychotherapists. *Professional Psychology: Research and Practice, 20,* 369-376.

Moon, G. W., Bailey, J. W., Kwasny, J. C., & Willis, D. E. (1991). Training in the use of Christian disciplines as counseling techniques within religiously oriented graduate training programs. *Journal of Psychology and Christianity, 10,* 154-165.

Morin, S. F., & Charles, K. (1983). Heterosexual bias in psychotherapy. In J. Murray & P. R. Abramson (Eds.), *Bias in psychotherapy* (pp. 309-338). New York: Praeger.

Pederson, P. (1998). Culture centered counselor education. *ACES Spectrum Newsletter, 58,* 8-9.

Phillips, J. C. & Fischer, A. R. (1998). Graduate students' training experience with lesbian, gay, and bisexual issues. *The Counseling Psychologist, 26,* 712-733.

Quintana, S. M., & Bernal, M. E. (1995). Ethnic minority training in counseling psychology: Comparisons with clinical psychology and proposed standards. *The Counseling Psychologist, 23,* 102-121.

Ridley, C. R. (1986). Cross-cultural counseling in a theological context. *Journal of Psychology and Theology, 14,* 288-297.

Russo, N. F., & Sobel, S. B. (1981). Sex differences in the utilization of mental health facilities. *Professional Psychology, 12,* 7-19.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20,* 64-88.

Wyatt, G. E., & Parham, W. D. (1985). The inclusion of culturally sensitive course materials in graduate school and training programs. *Psychotherapy, 22,* 461-468.

Lorraine J. Guth is an assistant professor in the Department of Counseling at Indiana University of Pennsylvania. **J. Michael Tyler** is an assistant professor of Counseling at Florida Gulf Coast University. **Kelly McDonnell** is an instructor of Counseling and Development at Purdue University. **Danielle Lingle** is a doctoral candidate at Indiana University of Pennsylvania. Correspondence regarding this article should be send to Lorraine J. Guth, Ph.D., the Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705.

“*We all know that art is not truth. Art is a lie that makes us realize truth.*”

—Pablo Picasso

175

Ordinal Position and the Myers-Briggs Type Indicator

Terry Bordan
Marjorie S. Demshock

The relationship between ordinal position in the family (birth order) and the categories and functions of the Myers-Briggs Type Indicator (MBTI) with respect to extraversion/introversion, sensing/intuition, thinking/feeling, and judging/perceiving was investigated. Forty-nine participants were given the MBTI (Form G, Self-Scorable [Revised]) and a form listing their birth order. A Chi Square analysis of the data indicated that no statistically significant relationships existed between birth order and MBTI categories or functions.

Scientists and the lay public have been interested in birth order characteristics ever since Carl Jung proposed his theory of personality types. Toman's (1976) seminal work on birth order sets forth the argument that personality characteristics are influenced and, at times, even determined by one's position in one's family of origin. The purpose of this study was to determine if there were a relationship between ordinal position in the family (birth order) and the categories and functions of the Myers-Briggs Type Indicator (MBTI). An MBTI category is defined as a combination of the four different functional polarities. An MBTI function is defined as a specific polarity preference. The ordinal positions examined and compared included older of two, younger of two, only, oldest of any number of siblings, youngest of any number of siblings, and second and third children of any family configuration.

Myers-Briggs Type Indicator

The MBTI evolved out of Jung's work with personality types. Essentially Jung's theory is that seemingly random variation in human behavior is in reality, quite orderly and consistent. Four different personality functional polarities are measured by the MBTI. They include: Extraversion-Introversion (E-I), Sensing-Intuition (S-N), Thinking-Feeling (T-F) and Judging-Perceiving (J-P) (DeVito, 1985). Subjects were asked to choose among two or three alternatives which are constructed to elicit responses measuring a particular trait (Anastasi, 1988).

Individuals who are typically extraverted may demonstrate some of the characteristics popularly associated with this dimension: external focus for stimulation; impulsive, action dominated behavior; frankness; the ability to communicate easily; and sociability. Individuals who are introverted, on the other hand, may display a serious focus on clear concepts and ideas and a strong tendency to rely more on enduring concepts than on transitory, external events. Introverted individuals are thoughtful, contemplative, detached with a marked interest in solitude and privacy (Myers & McCaulley, 1985).

According to Myers & McCaulley, "Persons oriented toward sensing tend to focus on the immediate experience and often develop characteristics associated with the awareness such as enjoying the present moment, realism, acute powers of observation, memory for details and practicality." (p.12) "Persons oriented toward intuitive perception may become so intent on pursuing possibilities that they may overlook actualities...imaginative, theoretical, abstract, future oriented or creative." (p.12)

Individuals who fall into the thinking dichotomy are analytical, objective, concerned with principles of justice and fairness. Thinking types have an orientation to time that is concerned with connections from the past through the present and toward the future (Myers & McCaulley, 1985). Those who choose the feeling dichotomy are concerned about what matters to others and tend to focus on the human instead of the technical aspect of problems. Feeling types experience a marked need for affiliation, a strong capacity for warmth, and a time orientation that seeks to preserve the values of the past (Myers & McCaulley, 1985).

Myers & McCaulley elucidate that "Judgment includes all the ways of coming to conclusions about what has been perceived," whereas, "perception includes the many ways of becoming aware of things, people, events or ideas." (p.12). The judging process is about decision making; it includes evaluation, choice, and response selection to the perceived stimulus. The perceiving process devolves around information gathering; it involves the seeking of sensation or inspiration and stimulus selection.

Birth Order

Toman (1976) argues that "... a person's family represents the most influential context of his (sic) life, and that it exerts its influence more regularly, more exclusively, and earlier in a person's life than do any other life contexts." (p.5) On the other hand, Forer (1976) maintains that"... birth order is only one of many environmental factors important in developing and maintaining life roles...it is not the *position* of birth that is important but rather your experiences with other members of your family as a *result* of being the oldest, middle, youngest, or only child."(p.7) Pulakos (1987) found young adults perceive their familial roles and their siblings according to what might be expected vis-a-vis birth order. For example, eldest children are seen as responsible, middle children as popular, and youngest children as spoiled.

A significant amount of research has been done on first born and only children (Bohmer & Sitton, 1993; Curtis & Cowell, 1993; Eisenman, 1992; Phillips, Long, & Bedeian, 1990; Pollard, Wiener, Merkel,& Enseley, 1990; Abraham & Prasanna, 1983; Snell, Hargrove, & Falbo, 1986). Bohmer & Sitton (1993) found in their study of notable American women that there was a higher preponderance of first borns who became writers. Several researchers found first's and only's suffer from a variety of personality flaws including higher scores on scales measuring pathological narcissism (Curtis & Cowell, 1993), higher scores on Type A measuring scales (Phillips, Long, & Bedeian, 1990), and a tendency to be more fearful than later borns (Eisenman, 1992). However, other studies indicate that there has been a decline over the past twenty years in those first's and only's suffering from obsessive-compulsive behavior (Pollard, Wiener, Merkel, & Enseley, 1990); Abraham & Prasanna (1983) assert that first and second children enjoy better mental health than others. According to Fullerton, Ursano, Wetzler, & Slusarcick (1989), first born males demonstrated higher negative psychological well- being scores and later borns had an over-all higher psychological well-being; this did not hold true for female first's and later born. In their study of the relationship between men's and women's birth order and achievement motivation patterns, Snell, Hargrove, & Falbo (1986) found male only's have high competitiveness, low work, and female only's have high competitiveness and high work. Eisenman (1992) also found that first born males are more creative than later born males while the opposite held true for first born females.

Second born women choose science more often as a career while youngest's prefer the performing arts (Bohmer & Sitton, 1993). Youngest's are more likely to demonstrate low mastery and low competitiveness (Snell, Hargrove, & Falbo, 1986). In Singh's study of birth order and extraversion (1985), later born subjects had more of a tendency towards extraversion than the earlier born. Seff, Gecas, and Frey (1993) found no correlation between second borns and high-risk activities. Hanna & Harper (1992) found second borns are more

assertive in interactional dyads while fourth borns are more tentative and questioning.

Todd, Friedman, & Steele (1993) found birth order to have an effect on self-ratings of interpersonal power for women with brothers. White men and black women were unaffected by birth order or siblings according to these researchers. White women and black men's sense of power was affected by birth order only when they had opposite sex siblings.

Results

Forty-nine participants were given the MBTI Form G, Self-Scorable (Revised) and a form listing their birth order. The Self-Scorable form was chosen for ease of administration and scoring. There were 37 female and 12 male subjects of which 25 were graduate counseling education students (21 female; 4 male) and 24 non-student members of the general population of Long Island, New York (16 female; 8 male). All participants were Caucasian with an educational background ranging from high school completion through graduate school attendance and/or completion. There was heterogeneity with respect to age (21-64) and socio-economic status.

Four questions were examined using Chi square analysis of the data: 1) Is there a significant relationship among responses of subjects in one of the three groups representing birth order("oldest", "youngest", and "only") and their MBTI category? 2) Is there a significant relationship between second and third child responses and their MBTI category? 3) Is there a relationship between younger of two or older of two children and MBTI category? 4) Is there a significant relationship between birth order and MBTI function?

For the first question, Chi square indicated $X^2 = 13.9197$, $p = .05$. A value of 33.92 is required for claiming a positive relationship. Therefore, there is no statistically significant relationship between birth order and MBTI category for this sample.

For the second question, Chi square indicated $X^2 = 6.53$, $p = .05$. A value of 18.31 is required for claiming a positive relationship. Therefore, there is no statistically significant relationship between second and third child and type for this sample.

For the third question, Chi square indicated $X^2 = 4.395$, $p = .05$. A value of 18.3 is required for claiming a positive relationship. Therefore, there is no statistically significant relationship between older of two and younger of two and MBTI category for this sample.

For the final question, Chi square indicated $X^2 = 3.3077$, $p = .05$. A value of 12.59 is required to assert a positive relationship. Therefore, there is no

statistically significant relationship obtaining between birth order and MBTI function for this sample.

Discussion/Implications for Counselors

All findings pertain to the data analyzed and do not reflect relationships in the population or what might be found in other samples. It is important to recognize that subjects constituted a voluntary sample and were not matched on gender (24% males; 76% females). These gender figures are not in accord with the general population.

While the sample in this study was relatively small, it appears that there may not be a significant relationship between birth order and personality type as measured by the MBTI. Further research, with larger sample populations, is therefore indicated. In addition, it is important to note that many previous attempts at correlating personality traits and birth order were limited to specific variables in the subject's psychological make-up. Therefore, matching subjects on ascriptive characteristics of the general population would enhance the clarity of any findings.

There are many factors that influence a person's experience within his or her family that were not addressed by simply asking what an individual subject's specific birth order was. While it is useful to know a person's ordinal position in his or her family, further work needs to be done in assessing the person's experience within and without the family unit. This appears to support Forer's assertion that the person's experiences within his or her family as a result of being a particular birth order is of paramount importance. Such an assessment could be accomplished by obtaining a more detailed family history from each participant.

It remains important for counselors to see and evaluate the client as a whole person without any pre-judgments or labels that would enhance faulty assumptions about an individual. A professional counselor needs to look at the family, its members, and its history. There can be such a tremendous variation of types within any birth order grouping and so much depends on a person's contacts with society in general.

References

Abraham M., & Prasanna, K. (1983). Child's age and ordinal position in the family as factors of mental health. *Asian Journal of Psychology and Education, 11*(4), 45-51.

Anastasi, A. (1988). *Psychological testing.* (6th ed.). New York: Macmillan.

Bohmer, P., Sitton, S.(1993). The influence of birth order and family size on notable American women's selection of careers. *Psychological Record, 42*(3), 375-380.

Curtis, J.M.,& Cowell, D.R.(1993). Relation of birth order and scores on measures of pathological narcissism. *Psychological Reports, 72*(1), 311-315.

DeVito, A.J. (1985). Review of Myers-Briggs Type Indicator. In J.V. Mitchell (Ed.), *The Ninth Mental Measurements Yearbook,* (pp.1030-1032). Lincoln, NE: Boros Institute of Mental Measurements at the University of Nebraska.

Eisenman, R. (1992). Birth order, development and personality. *Acta Paedopsychiatrica International Journal of Child and Adolescent Psychiatry,55*(1), 25-27.

Forer, L.K. (1976). *The birth order factor: How your personality is influenced by your place in the family.* New York: David McKay Co., Inc.

Fullerton, C.S., Ursano, R.J., Wetzler, H.P., & Slusarcick, A. (1989). Birth order, psychological well-being, and social supports in young adults. *Journal of Nervous and Mental Disease, 177*(9), 556-559.

Hanna, S., & Harper, J.M. (1992). Interactional differences in second and fourthborns: Applications of a theory. *American Journal of Family Therapy, 20*(4), 310-323.

Myers, I.B. & McCaulley, M.H. (1985). *A guide to the development and use of the Myers-Briggs Type Indicator.* Palo, Alto, CA: Consulting Psychologists Press, Inc.

Phillips, A., Long, R.G., & Bedeian, A.G. (1990). Type A status: Birth order and gender effects. *Individual Psychology Journal of Adlerian Theory, Research and Practice, 46*(3), 365-373.

Pollard, C.A., Wiener, R.L., Merkel, W.T., & Enseley, C. (1990). Reexamination of the relationship between birth order and obsessive-compulsive disorder. *Psychopathology, 23*(1), 52-56.

Pulakos, J. (1987). The effects of birth order on perceived family roles. *Individual Psychology Journal of Adlerian Theory, Research and Practice, 43*(3), 319-328.

Seff, M.A., Gecas, V., & Frey, J.H. (1993). Birth order, self-concept, and participation in dangerous sports. *Journal of Psychology, 127*(2), 221-232.

Singh, T. (1985). Birth order and age as the determination of extraversion. *Journal of Psychological Researches, 29*(1), 21-23.

Snell, W.E., Hargrove, L., & Falbo, T. (1986). Birth order and achievement motivation configurations in women and men. *Individual Psychology Journal of Adlerian Theory, Research and Practice, 42*(3), 428-438.

Todd, J., Friedman, A., & Steele, S. Birth order and sex of siblings effects on self ratings of interpersonal power: Gender and ethnic differences. *Individual Psychology Journal of Adlerian Theory, Research and Practice, 49*(1), 86-93.

Toman, W. (1976). *Family constellation: Its effects on personality and social behavior,* (3rd ed.). New York: Springer Publishing Co.

Terry Bordan is an associate professor in the graduate Department of Counseling and Development at CW Post Campus/Long Island University. **Marjorie S. Demshock** is a certified clinical mental health counselor in private practice in East Northport and Bay Shore, New York. Correspondence regarding this article should be sent to the above at CW Post Campus/Long Island University, Department of Counseling and Development, Brookville, New York 11548.

Does Your Library Subscribe?

We ask members of our association and other interested parties to request libraries, especially those that offer graduate programs in counseling and development, to order *The Journal for the Professional Counselor*. It is presently indexed by ERIC/CASS. The research and practical information published twice a year should be available in all libraries for students, practitioners and educators to use. Non-members can also receive their personal copies by subscribing. The rate is twenty dollars ($20.00) per year. Use the order forms below.

Library/Institution Order Form

(tear off and send to your librarian or administrator)

Name of Recommender

Department

Institution

Address

City State Zip

Please enter our subscription to *The Journal for the Professional Counselor* at the rate of $20.00 per year.

Make check payable and mail to:
New York State Counseling Association, Inc.
PO Box 12636
Albany, NY 12212-2636
518-235-2026

Personal Order Form

Name

Address

City State Zip

Please enter my subscription to *The Journal for the Professional Counselor* at the rate of $20.00 per year.

Make check payable and mail to:
New York State Counseling Association, Inc.
PO Box 12636
Albany, NY 12212-2636
518-235-2026

“Time flies like an arrow.
Fruit flies like a banana.”

—Groucho Marx.

133

Guidelines for Authors

The Journal for the Professional Counselor is a professional, refereed journal dedicated to the study and development of the counseling profession. The Editor invites articles which address the interests of counselors in school, college, and agency settings and which deal with current professional issues, theory, scientific research, and innovative programs and practices.

Generally, authors may expect a decision regarding a manuscript within 2 months of acknowledgment of receipt. Following are guidelines for developing and submitting a manuscript.

Specific Requirements

1. Manuscripts should not exceed 20 pages.

2. Manuscripts should be typewritten, double-spaced (including references and extensive quotations) on 8½" x 11" nontranslucent white bond with 1 1/2" margins on all sides.

3. The title page should include two elements: title, and author and affiliation. Identify the title page with a running head and the number 1 typed in the upper right-hand corner of the page.

4. Begin the abstract on a new page, and identify the abstract page with the running head and the number 2 typed in the upper right-hand corner of the page. The abstract should be approximately 125 words.

5. Begin the text on a new page and identify the first text page with a running head and the number 3 typed in the upper right-hand corner of the page. Type the title of the text centered at the top of the page, double-spaced, and then type the text. Each following page of text should carry the running head and page number.

6. Reference style should be that of the *Publication Manual of the American Psychological Association, Fourth Edition.*

7. Authors should avoid the use of the generic masculine pronouns and other sexist terminology. See "Gender Equity Guidelines" available from the American Counseling Association (ACA).

8. Once a manuscript has been accepted for publication, **authors must provide two hard copies of the manuscript in its final version as well as a copy on a microcomputer floppy diskette of 3 1/2" which is IBM or IBM compatible.** Disks are not to be submitted until requested. The disk must be clearly labeled with the name(s) of the author(s) and the hardware and software program in which it was written.

9. Manuscripts will be selected on the basis of a blind review. Two or three months should be allowed between acknowledgment of receipt of a manuscript and notification of its disposition. All manuscripts become the property of the *Journal* and will not be considered by NYCA if currently under consideration by other publications.

10. Three copies of the manuscripts should be mailed to: Eugene Goldin, Ed.D., Editor, *The Journal for the Professional Counselor*, 154 Luquer Rd., Port Washington, New York 11050; Telephone: 516-883-0364.

The Journal for the Professional Counselor *Fall 1998*

New York Counseling Association, Inc.
PO Box 12636, Albany, NY 12212-2636

Non-Profit Org.
U.S. POSTAGE
PAID
Albany, NY
Permit No. 84

The Journal for the Professional Counselor

invites practitioners, educators and students to submit research articles, book reviews, program descriptions, case studies, and theoretical papers.

Please see Guidelines for Authors.